

REDACTED

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF TENNESSEE
EASTERN DIVISION

UNITED STATES OF AMERICA)	
)	
VS)	NO.1:19-cr-10040
)	JACKSON, TENNESSEE
)	
JEFFREY YOUNG)	

MOTION HEARING

MAY 13, 2019

BEFORE THE HONORABLE J. DANIEL BREEN,
UNITED STATES DISTRICT JUDGE

KRISTI HEASLEY, RPR
OFFICIAL COURT REPORTER
U.S. COURTHOUSE, SUITE 450
111 SOUTH HIGHLAND AVENUE
JACKSON, TENNESSEE 38301

REDACTED TRANSCRIPT

1 APPEARANCES

2

3

4 FOR THE UNITED STATES:

5 ANDREW PENNEBAKER, ESQ.

6 JASON KNUTSON, ESQ.

7 U.S. DEPT OF JUSTICE FRAUD SECTION

8 1400 New York Avenue NW

9 Washington, DC 20530

10

11

12

13 FOR THE DEFENDANT:

14 CLAIBORNE HAMBRICK FERGUSON, ESQ.

15 THE CLAIBORNE FERGUSON LAW FIRM

16 294 Washington Avenue

17 Memphis, TN 38103

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EXAMINATION INDEX

SHIRLEY PICKERING

DIRECT BY MR. PENNEBAKER

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EXHIBITS

NO EXHIBITS MARKED

REDACTED TRANSCRIPT

1 (Defendant Present.)

2 THE COURT: All right. The next matter,
3 case of U.S. versus Jeffrey Young, Jr., 19-10040.

4 This is a request on behalf of the
5 government, basically an appeal of the Magistrate Judge's
6 previously ruling allowing Mr. Young to remain, to remain
7 on bond.

8 This is under Section -- 18, United States
9 Code, Section, 3145(a)(1) for a request for revocation of
10 the Magistrate Judge's ruling.

11 MR. PENNEBAKER: Your Honor, trying to get
12 hooked up for him.

13 THE COURT: Okay. Go ahead.

14 MR. KNUTSON: Your Honor, I'm Jason
15 Knutson for the government.

16 THE COURT: All right.

17 MR. KNUTSON: Just trying to make sure we
18 have the right hookup for...

19 THE COURT: No problem. Go right ahead.

20 MR. KNUTSON: Thank you, Judge.

21 THE COURT: Just let me know, Mr. Knutson,
22 when you are ready.

23 MR. KNUTSON: Yes, Your Honor. With the
24 Court's permission, may we just test the audio?

25 THE COURT: That will be fine.

1 MR. KNUTSON: Thank you, Your Honor.

2 THE COURT: Yes, sir.

3 MR. PENNEBAKER: Your Honor, Mr.

4 Pennebaker for the government. May I approach and give
5 the Court a copy of the first witness's exhibits and put
6 one on the witness stand as well?

7 THE COURT: Yes, sir.

8 MR. PENNEBAKER: Thank you, Your Honor.

9 And, Your Honor, just a housekeeping
10 matter --

11 THE COURT: By the way, are you Mr.
12 Pennebaker?

13 MR. PENNEBAKER: I am, Judge.

14 THE COURT: We haven't had the chance to
15 introduce each other, so I just wanted to make sure I was
16 addressing who I thought I was.

17 MR. PENNEBAKER: Absolutely. Yes, Your
18 Honor.

19 Drew Pennebaker for the government, for
20 the record.

21 This is, this binder relates to the first
22 witness that the government will call, Shirley Pickering,
23 who is an investigator with the State Medical Board. We
24 have a number of documents in this binder that contain
25 information that is potentially sensitive, may involve

1 patient information, may involve names and identifiers of
2 individuals in the community who would not like those
3 things to be publicized.

4 And so for the purpose of today's hearing,
5 we would ask that either, one, we can have the exhibits
6 entered with the Court under seal. Or after the hearing,
7 the government is happy to go through and redact
8 identifying information appropriately. Either one would
9 work.

10 THE COURT: Mr. Ferguson, do you have any
11 objection to that, sir?

12 MR. FERGUSON: I prefer sealed, if we
13 could.

14 THE COURT: All right.

15 MR. FERGUSON: Be easier for every one.

16 THE COURT: Why don't we just do that.

17 MR. PENNEBAKER: That works for the
18 government, Your Honor.

19 THE COURT: Thank you.

20 Mr. Powell, are you involved in this as
21 well?

22 MR. POWELL: Tangentially, yes, Your
23 Honor.

24 THE COURT: Mr. Wilson as well?

25 MR. WILSON: No. I'm just trying to help

1 out.

2 THE COURT: Okay. You are just observing.

3 MR. POWELL: He's observing.

4 (Pause in Proceedings.)

5 MR. KNUTSON: I apologize, Your Honor.

6 THE COURT: That's all right. You're not
7 the first person that's had problems.

8 MR. PENNEBAKER: Your Honor, Drew
9 Pennebaker for the government again.

10 I'm not going to be using any sort of
11 Power Point or anything like that for the opening
12 statement and for the first witness, who I anticipate the
13 government will have on the stand for an hour, maybe a
14 little bit more.

15 If it's okay with the Court, maybe we
16 could get through those two things and take a break to
17 just have a minute to adjust this.

18 THE COURT: Any way we can move faster
19 through this, that's fine with me.

20 MR. PENNEBAKER: I think this is it, Your
21 Honor.

22 THE COURT: All right, sir.

23 MR. PENNEBAKER: And a final housekeeping
24 request.

25 It is possible, because we are all going

1 to be looking at unredacted things, that somebody's name,
2 and in particular a patient's name is mentioned not by
3 the patient's initials but by their given name as it
4 appears in the docket. I would just ask that the record
5 reflect the initials in the instance that we can correct
6 that.

7 THE COURT: All right, sir.

8 MR. PENNEBAKER: Hopefully I can catch it
9 in the real time. But if that's okay.

10 THE COURT: Help me watch that. We will
11 try to do that as much as possible.

12 MR. PENNEBAKER: Yes, Your Honor.

13 May it please the Court.

14 THE COURT: Yes, sir.

15 MR. PENNEBAKER: Your Honor, we're here
16 today because a Grand Jury found that the defendant, Jeff
17 Young, that there was probable cause to believe that he
18 is a drug dealer, and the law treats him like one.

19 He deals drugs for money. And he's dealt
20 drugs for sex. What is the most insidious part about his
21 drug dealing is that he deals drugs from a script pad and
22 he does it on the shoulders of his position of trust in
23 the community as a nurse practitioner.

24 The evidence today is going to show that
25 whenever Mr. Young gets caught dealing drugs as,

1 masquerading as a doctor, or a nurse practitioner, or
2 Rock Doc, as he calls himself, he pivots to another way
3 to turn his prescription pad into drug money.

4 That was true after the DEA raided his
5 clinic in January of 2017. It was true after the medical
6 board started its investigation. It has been true when
7 the medical board restricted his license in November of
8 '18. It remains true today.

9 Right now he's open for business, able to
10 prescribe, among other things, anabolic steroids, namely
11 testosterone, and benzodiazepines. Dangerous drug in his
12 repertoire since the PreventaGenix days that got him into
13 trouble. He's even able to prescribe codeine today,
14 which is an opioid.

15 A major focus today is going to be that
16 November 2018 medical board order restricting his
17 license. The reason that's going to be a major focus is
18 because when Judge York heard the government's motion to
19 detain Mr. Young, we heard that the medical board had his
20 practice under control. That the medical board had
21 before it the evidence that you are going to hear today.

22 And at least as to that statement, the
23 medical board did have a awful lot of evidence before it
24 when it decided to allow him to continue practicing
25 medicine in the community.

1 The best we can tell, while the
2 investigators working for the medical board gathered a
3 mountain of evidence that Mr. Young should not be
4 practicing medicine, should not be in a position of trust
5 in the community, the licensing decision makers, and
6 those are different from the investigators that are out
7 there meeting with these people, gathering the facts,
8 conveying that information to the decision makers, the
9 decision makers were looking the other way.

10 And one question that may be on minds in
11 the courtroom today is how many of the fires of addiction
12 were fueled by this man between when the board started
13 investigating him in 2014, and November of 2018 when it
14 restricted his license? How many people died during that
15 time as a result of this man continuing to be out among
16 the public practicing medicine, prescribing narcotics to
17 the community, to drug seekers, to all comers?

18 Our first witness today is going to be one
19 of the investigators for the board. And we're going to
20 walk through some of that evidence that she and her
21 colleagues gathered in the course of investigating
22 Mr. Young.

23 I'll submit to you, Judge, that by the end
24 of this hearing you will be asking what on earth took the
25 medical board so long. And maybe the simple response to

1 that question is, investigations take time. Sometimes a
2 long time. The evidence leads where it leads.

3 But as the government's evidence today
4 will show, there is no rational explanation, no deference
5 should be afforded, absolutely no explanation for why
6 Jeff Young still has a medical license, still able to
7 prescribe drugs of abuse to addicts, and still
8 prescribing drugs of abuse in a woefully deficient
9 medical practice that he runs today.

10 Even though it's mostly cosmetic, and the
11 government is happy to characterize it that way, he
12 continues to write drugs to people that he should not be
13 writing to, without checking the databases that he ought
14 to be checking to confirm those people are not doctor
15 shopping, are not just blatantly abusing the medical
16 system.

17 The agreed order even provided
18 Mr. Young -- I mean, far from tamping down on his danger
19 to the community, the agreed order sheltered him, or he
20 used it to shelter himself in the bond hearing as a
21 shield, claiming that the community was safe because the
22 board order was in place. That is a travesty.

23 The government's evidence will show the
24 order hasn't had the intended effect.

25 And what if the Court were to correct what

1 the government contends is the board's costly mistake,
2 allowing Jeff Young to continue practicing as a nurse,
3 and simply take away his license. Make a condition of
4 his release that he not be able to practice medicine.

5 What if the Court does what the board
6 should have done and takes away that position of trust
7 that Jeff Young has abused. Will that be enough to keep
8 this community safe pending a trial in this case?

9 Maybe for some medical providers who go
10 down the road of using their powers of prescription to
11 make people sicker instead of better, but not with Jeff
12 Young. He is dangerous with or without a prescription
13 pad. He's got no regard for physical or sexual
14 boundaries.

15 And this isn't a question about whether or
16 not today he has some sort of a mental defect that
17 animates him to assault people, sexually assault people,
18 threaten people. This is about what his actions over and
19 over and over again, the actions known about by the
20 board, the actions the evidence will show, the actions
21 alleged in the indictment, this is about the trend, and
22 protecting the community from that trend.

23 He has a documented history of assault.
24 He has a documented history -- importantly, so
25 importantly, he has a documented history of threatening

1 those, or causing others to threaten those who would
2 speak against him.

3 This was true all throughout the course of
4 the medical board's investigation. This has been true in
5 the public eye on Facebook. And you don't even have to
6 have -- in a lot of these instances you didn't even have
7 to have a friendship, quote, unquote, on Facebook with
8 Mr. Young. You could just see it in the public eye on
9 the PreventaGenix page, on the Jeff Young page, on the
10 Rock Doc page.

11 You will hear from the witnesses today
12 that people in this community are scared of Jeff Young.
13 And for good reason. It's not only Jeff Young who
14 threatens people in the community. It's the Rock Doc
15 disciples. The man has a subculture. He's infamous.
16 He's got a subculture of fandom that will go out and do
17 his bidding. We're going to show the Court evidence of
18 that today.

19 Jeff Young also has no regard at all for
20 authority. He's been found in contempt of Court orders.
21 He's ignored warnings and admonitions from the medical
22 board. What is perhaps most disturbing that Your Honor
23 will hear today, is that Jeff Young views himself as the
24 victim of a witch hunt. The victim of a witch hunt.

25 I hope that he realizes after he sees the

1 evidence today how ridiculous, how preposterous the
2 presumption that this is a witch hunt is. He cannot
3 blame this on disgruntled ex-wives or disgruntled former
4 colleagues or disgruntled employees or people who are out
5 to get him and don't like his tattoos.

6 None of that has anything to do with what
7 the evidence shows of him communicating to others in the
8 real time, which is what we're going to get into today.
9 Of him lying over and over and over again to the medical
10 board about what he does and doesn't do in his practice.
11 About him lying under oath when being examined by the
12 medical board in connection with the proceeding that got
13 us the medical board order.

14 This is all a big witch hunt, according to
15 him. And we'll let the evidence speak to that.

16 The other troubling thing is that
17 Mr. Young is utterly remorseless. He is utterly without
18 fault in his own mind. Report after report, interview
19 after interview, deposition, statements on social media,
20 its all, I've never done anything wrong. I mean, it
21 really is. It's challenging to find admission of a
22 single possible mistake.

23 The evidence is just going to show that
24 he's got no regard for the truth. The blame goes
25 everywhere else. But ultimately the responsibility falls

1 on the shoulders of the trusted members of society we
2 call medical providers, and that is utterly lost on Jeff
3 Young.

4 After the Court hears all the evidence, we
5 respectfully ask the Court to detain him pending trial.

6 THE COURT: Mr. Ferguson.

7 MR. FERGUSON: Your Honor, if this is a
8 witch hunt, it's a witch hunt that Jeff Young brought on
9 himself.

10 For the last two and a half years it's
11 been a different Jeff Young. But prior to that, we do
12 acknowledge to this Court he was living a rock and roll
13 lifestyle. He was trying to get a, actually a reality TV
14 show. And he was doing outrageous things, that through
15 the course of social media he was pushing out into the
16 community that he was a wild and crazy kind of guy.

17 Unfortunately, that did put wild and crazy
18 kind of people around him who now are out to get him.
19 He's going currently through a divorce with his ex-wife
20 where there is a contempt proceedings. And she is very
21 angry about it and very active in pushing out to either
22 legal news agencies or to, as happened last week, to the
23 police, and they called me, that there are issues that
24 are still to this day haunting him from the decisions he
25 made two and a half years ago.

1 What the Court has to look at is whether
2 or not -- and again, the government has conceded that
3 there are grounds in order to overcome the presumption.
4 In their own filing they agree that the filings with the
5 Board of Nursing overcome the presumption.

6 So they're not proceeding based on their
7 own filings with a presumption. They're going to try to
8 put on evidence to show that there are no reasonable
9 restrictions that can be placed on Mr. Young to protect
10 the safety of the community.

11 I'm assuming that, as they did last time,
12 they're also not pursuing the flight risk as the --
13 obviously, there is no issue of flight in this case.
14 Proof would be that he's been under investigation both by
15 the DEA and by the Board of Nursing for multiple years.

16 In fact, we have had a -- I believe it was
17 in this courtroom, we had a -- a year ago we had a filing
18 where we returned some of the property that got seized
19 from 2017 in this case.

20 So the issue here before Your Honor is
21 whether or not he is a danger to the community.

22 I find it troublesome that the government
23 seems to want to interject itself into the realm of
24 policing the license pre-trial of healthcare providers.
25 That, obviously, was the purview of the Board of Nursing.

1 It was a multi year long investigation in which I handled
2 with Mr. Young where there was multiple depositions by
3 Mr. Young. He submitted multiple depositions with the
4 Board of Nursing in order for them to -- in order to --
5 for us to -- in order for us to come to the resolution
6 that we did.

7 The proof within the resolution of the
8 disposition of that, unlike what the government suggests
9 in its filing, is not proof that Mr. Young did something.
10 In fact, it's exactly opposite of what the government put
11 in its filings before this Court.

12 It's very clear that Mr. Young maintained
13 that he had done nothing wrong. That the facts were what
14 the facts were. And that he was denying those. But he
15 agreed to a consent order, which led to a multi year
16 suspension of his Schedule II drugs and a limited
17 Schedule III.

18 Again, those Schedule III are basically
19 testosterone. And the government talks about codeine.
20 What the government forgets to mention is that codeine
21 means cough syrup. That is cough syrup with codeine.

22 He is not a threat. The Board of Nursing
23 would not have placed him back out into the community,
24 would not have allowed him to continue practicing, would
25 not have continued to allow him to have a license for

1 prescribing, if, in fact, he was found by them to be a
2 threat to his community.

3 They are the experts in this field. They
4 are the ones in the state of Tennessee that are
5 statutorily empowered with the investigation, with the
6 decision-making process, and the power to protect the
7 community. And they exercise that over many, many, many
8 years.

9 And now they're continuing to exercise
10 that authority over Mr. Young for an additional two
11 years, where he has to take certain and special steps in
12 order to remain able to practice within this community.
13 And also he, at the end of that two years, he'll have to
14 take certain steps in order to retrieve or reactivate his
15 Schedule II privileges. We're talking about a situation
16 where they didn't even permanently restrict him from
17 Schedule II.

18 The same information that the government
19 has in order that they led to this investigation and the
20 indictments in this case, is the same evidence and
21 information that the Board of Nursing had. To say that
22 they somehow were negligent in their supervision of
23 healthcare providers in this state is -- well, I was not
24 expecting that.

25 And, obviously, we're going to want to be

1 able to put on proof, and have those folks that actually
2 came to that agreement, and have them testify that they,
3 in fact, did not get snookered by Mr. Young in some way,
4 and that this was the appropriate decision in this case.

5 There are -- and the proof will be that
6 Mr. Young was -- he does have a lot of friends and there
7 was a lot of sex going on. It may be unseemly at the
8 time. Again, these are events and actions that took
9 place years ago and have not been repeated, and are in
10 his past.

11 They don't have any impact to the decision
12 this Court should have to make today based on whether or
13 not at the current time Mr. Young is a threat to this
14 community. He is within, working within the realm and
15 bounds of the Board of Nursing's consent order. He is
16 still practicing. And he's a single father and the only
17 sole provider for his son.

18 I would ask the Court -- at the end of
19 this, the Court will find that the release that
20 Magistrate York issued in this case was appropriate with
21 the conditions. Basically, Magistrate York found that
22 the Board of Nursing's restrictions were the proper
23 restrictions, and he incorporated those into the release.

24 I ask the Court to do the same.

25 THE COURT: All right. Thank you.

1 Mr. Pennebaker, call your first witness.

2 MR. PENNEBAKER: Government calls Shirley
3 Pickering, Your Honor.

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1 SHIRLEY PICKERING THEREUPON CALLED AS A
2 WITNESS ON BEHALF OF THE GOVERNMENT, AND HAVING BEEN
3 FIRST DULY SWORN, WAS EXAMINED AND TESTIFIED AS FOLLOWS:

4 DIRECT EXAMINATION

5 THE WITNESS: Yes, I do.

6 THE COURT: Be seated, please.

7 BY MR. PENNEBAKER:

8 Q. Good afternoon, Ms. Pickering.

9 A. Good afternoon.

10 Q. If you need it, there is a binder with some
11 exhibits that I will refer to today. And that is for you
12 to peruse as you see fit.

13 I want to get a little bit of detail about your
14 background.

15 First, where do you work?

16 A. I work for the state of Tennessee, Office of
17 Investigations for Health Related Boards.

18 Q. Okay. Describe your job duties, please.

19 A. I perform investigations that have been assigned to
20 me by our central office of healthcare providers who have
21 had allegations filed against them. I'm also the
22 supervisor for other investigators in the West Tennessee
23 office.

24 THE COURT: Ms. Pickering, I'm going to
25 ask you to pull that microphone just a little bit closer

1 or you might move up. Not right on top of it. But we've
2 been having some trouble regretfully of our being able to
3 hear. And I want to make sure my court reporter and I
4 both hear you, please. Thank you.

5 BY MR. PENNEBAKER:

6 Q. Okay. So I think you mentioned that you are now in
7 a supervisory role.

8 A. Yes.

9 Q. Are you here today to testify just about what you
10 individually have learned in your investigations, or are
11 you going to testify some about other investigators who
12 have reported to you what they found?

13 A. My investigations, as well as information provided
14 to me by other investigators.

15 Q. Okay. What kinds of allegations do you
16 investigate?

17 A. We investigate just multiple types of allegations
18 against providers. Anything from drug diversion to use
19 of medication to improper conduct with patients, sexual
20 crimes. Just the gamut of different types of things.

21 Q. Okay. And just for the sake of a complete record,
22 because not everybody understands or knows drug diversion
23 and what that means, can you just tell us briefly what is
24 drug diversion?

25 A. That would be the use or the removal of medications

1 that either do not belong to you, that belong to someone
2 else. It can be something such as a nurse taking
3 medication from the Pyxis System at a hospital. It can
4 be the fraudulent use of prescriptions to gain access to
5 controlled substances. Those types of thing.

6 Q. Okay. How about prescribing controlled drugs when
7 you know it's not medically necessary?

8 A. We do that. That's usually referred to as either
9 inappropriate and/or excessive prescription of controlled
10 substances.

11 Q. Okay. Does your job require you to have medical
12 training?

13 A. All of the investigators are registered nurses. We
14 all have nursing degrees. We also are now all certified
15 through the Counsel of Licensure Enforcement and
16 Regulation. And we all have now received some extensive
17 training through the Reid Technique and some other
18 things.

19 THE COURT REPORTER: What technique?

20 THE WITNESS: Reid, R-E-I-D, Technique.

21 BY MR. PENNEBAKER:

22 Q. Okay. Is that the technique that -- interview and
23 interrogation --

24 A. Yes.

25 Q. -- series of techniques?

1 How long have you been an investigator for the
2 state?

3 A. Almost 13 years.

4 Q. Have you ever personally investigated the nurse
5 practitioner sitting here at defense counsel table?

6 A. Yes, sir.

7 Q. Have you done so in connection with more than one
8 matter?

9 A. Yes, sir.

10 Q. We'll get to those shortly. But just first
11 generally speaking, is there more than one way an
12 investigation assignment might get to your desk?

13 A. Our investigation assignments all are forwarded to
14 us from the central office in Nashville. They come into
15 the central office. They're triaged there, then assigned
16 out to individual investigators in the field.

17 Q. And do you sometimes get complaints -- I mean, you
18 as the investigators.

19 Do you sometimes get complaints that you will
20 forward to the, forward to Nashville, I'll just use as a
21 shorthand?

22 A. Yes, sir. Investigators may receive information
23 either by phone or e-mail or even by regular mail. We
24 cannot open complaints. We don't make those decisions.
25 So therefore we forward that information up to our

1 central office where it's reviewed. And then it's sent
2 out as a complaint, if they deem that it's worthy of
3 such.

4 Q. Okay. So at the end of the day, you may think
5 something is worthy of an open investigation. But that's
6 above your pay grade. You don't make that decision.

7 A. We do not make the decision as to whether a
8 complaint is opened or not.

9 Q. Okay. Describe what you do just briefly after you
10 received an assignment.

11 A. We review the information that's in our internal
12 system as to licensure, if there has been any prior
13 complaints. We review a listing from our office of
14 general counsel, as to information they want us to
15 obtain. List of witnesses that we are asked to speak to.
16 What records are required to be obtained.

17 We do get medical records. We get law enforcement
18 records. Anything that's pertinent to that
19 investigation. And as the investigation progresses,
20 there may be additional things that may appear to be of
21 use to the boards.

22 Q. Okay. After you have completed your work, what is
23 the next step?

24 A. Once our investigation is completed, we do a,
25 what's called an investigative form, a file, that we

1 forward up to our central office in Nashville.

2 At that point our role is complete. We have
3 provided the data, which is what our role is, data
4 gathering.

5 It's then reviewed by central office. And the
6 decisions is made at that level, whether there should be
7 discipline action. And if so, what type.

8 Q. And are the investigators consulted in connection
9 with the decision-making process?

10 A. We are not part of that decision-making process.
11 Our role is simply to gather the data, gather the
12 information, and submit it.

13 Q. Let's say that there is a deposition or some
14 proceeding before a panel or something like that. Does
15 that come back to the investigator? Does the
16 investigator testify there?

17 A. We have testified at some depositions. But as far
18 as something coming back to us in a case, I don't think
19 that's normally something that we get is a copy of the
20 deposition. Unless we have directly been involved in
21 that deposition.

22 Q. Okay. And how about hearings before the ultimate
23 arbiter? Are you all participants in those?

24 A. As far as we will go to a board hearing if we are
25 subpoenaed to testify at a administrative board hearing.

1 But as far as their meeting for the review boards, I
2 think that we have gone as guests a couple of times. But
3 as far as naturally, we are not usually there, no.

4 Q. Okay. Now in your investigation report you
5 enumerate conclusions, right?

6 A. A summary of what he have found.

7 Q. Okay. So it's not a conclusion about what should
8 happen --

9 A. No.

10 Q. -- it's just a -- this is the high level, what the
11 evidence has shown.

12 A. We make no conclusion as to what should or should
13 not be decided. We simply record the information that we
14 have found.

15 Q. So you play a fact finding role.

16 A. Exactly.

17 Q. How did Jeff Young first come to your attention?

18 A. I received an investigative file to be -- a file to
19 be investigated regarding him.

20 Q. Okay. Do you remember about when this was?

21 A. I don't remember the exact date. 2013, 2014 is
22 when I received it.

23 Q. Okay. I think you mentioned earlier that he has
24 been investigated repeatedly since. And we're going to
25 talk about those in detail.

1 Have you reviewed documentation that I provided to
2 you that I subpoenaed from, as far as I know, from the
3 board, the health related boards, but they came to me
4 from the Office of General Counsel?

5 A. You did provide me with some information to review.

6 Q. Okay. Are there complaints in there, in the
7 evidence that -- or the materials that I provided to you
8 that you weren't asked to investigate?

9 A. There appear to be some allegations or complaints
10 that were forwarded to our central office in Nashville
11 that we do not have investigative files on.

12 Q. Okay. Do you know how that determination is made?
13 I might have already asked you.

14 But do you know how that determination is made,
15 which ones that the powers that be will have you all
16 investigate and which ones won't?

17 A. No, I do not.

18 Q. Okay. When you conduct your interviews, is it
19 important that practitioners tell you the truth --

20 A. Yes. Yes, it is.

21 Q. Why is that?

22 A. For us to be able to provide correct information
23 for the board to review, or to consider, then we have to
24 be given accurate information.

25 Q. And just quickly a couple more just background

1 points that I think would be helpful to come in through
2 you at this point.

3 Could you give the Court a quick overview of the
4 purpose of and kind of the nature of the supervising
5 physician rules and regulations that pertain to nurse
6 practitioners like Mr. Young?

7 A. I do have some specific statutes or rules here if
8 that will be okay. And I can do them briefly.

9 Q. Absolutely.

10 A. Kind of get an overview --

11 Q. Sure.

12 A. -- so that I'm sure that I give you the correct
13 information.

14 Q. Sure.

15 A. According to the rules of the Tennessee State Board
16 of Medical Examiners, Chapter 0880-6. Clinical
17 supervision requirements. The intent of it is to make
18 sure to maximize the collaborative practice of certified
19 nurse practitioners and supervising physicians to be sure
20 that there is quality healthcare delivery.

21 Q. Just stop you right there for one second.

22 Fair to say that to get a medical license, like an
23 MD, you're going to be -- it's a lot more of an intensive
24 and longer process with residency and everything else,
25 that you're going to specialize, for example, or become a

1 family practitioner -- but nevertheless, a lot of
2 indentured servitude involved with walking in that
3 direction, and the training and licensing necessary to be
4 a nurse practitioner. Still, I mean, no -- nothing,
5 obviously, to sneeze about.

6 But there is a reason that you have a physician
7 supervising a nurse practitioner, right?

8 A. As it says, it's so that there can be a manner
9 consistent with quality healthcare delivery. That's
10 their definition.

11 Q. Okay.

12 A. It does require protocols.

13 Q. What does that mean?

14 A. Those are -- the protocols are the practice
15 guidelines, the things that you are allowed to do and you
16 should do.

17 So you have protocols that shall be jointly
18 developed. And then they should be approved by the
19 supervising physician and the nurse practitioner.
20 They'll outline and cover the applicable standard of
21 care. They have to be reviewed and updated bi-annually.
22 They should be maintained at the practice site.

23 They will account for all the protocol drugs by
24 appropriate formulary, specific to your population seen,
25 dated and signed.

1 And copies of those protocols and formularies
2 shall be maintained at the practice site, and shall be
3 made available upon request for inspection by the
4 respective boards.

5 Q. Okay. Can a nurse practitioner write prescriptions
6 for controlled substances without a supervising
7 physician?

8 A. They are supposed to have a supervising physician.
9 And that should be on their formulary as to what they can
10 and cannot write.

11 Q. Okay. Is it okay in Tennessee if a nurse
12 practitioner goes without a supervising physician for a
13 while and just keeps the shop open and continues to write
14 prescriptions for controlled substances?

15 A. It is my understanding that they have to maintain a
16 supervising physician.

17 Q. Okay. Is that the law?

18 A. It is my understanding that that is their statute,
19 yes.

20 Q. And is there anything in the supervising physician
21 regime, the legal regime that requires review by the
22 supervising physician of controlled substance
23 prescriptions?

24 A. The supervising physician has to review at least at
25 a minimum 20 percent of overall charts. But --

1 Q. That's for any patient in the practice --

2 A. Yes, sir.

3 Q. -- regardless of whether or not a controlled
4 substance has been prescribed?

5 A. Exactly.

6 When a controlled drug has been prescribed,
7 however, the supervising physician is supposed to make a
8 personal review every 10 business days of the history,
9 the physical, the therapeutic data, and shall so certify
10 by signature on any patient.

11 Q. Okay. So is it fair to say that the board would be
12 concerned if a nurse practitioner's supervising physician
13 were to be say in Chattanooga, when the nurse
14 practitioner is in Jackson, and the supervising physician
15 comes down once a month, when the nurse practitioner is
16 prescribing controlled substances regularly?

17 A. I do not know that there is any -- I don't know
18 that there is any restriction on where the supervising
19 physician is located.

20 But a supervising physician has to be available
21 for consultation at all times.

22 Q. Okay. But I'm just -- I'm sorry. I knows that was
23 a long question and an inartful one.

24 But the -- what I want to focus on is that rule
25 about needing to review the file and sign off 10 days

1 after -- at least every 10 days, right?

2 A. Every ten business days.

3 Q. So if a, if a supervising physician, either because
4 he or she lives in Chattanooga and is supervising
5 somebody in Memphis, or for whatever reason, is only
6 checking in once a month on a practice with controlled
7 substances patients, would that be concerning to the
8 board?

9 A. That's not a question that I would be able to
10 answer. That would be a board decision.

11 Q. Does that seem to conflict with the requirements
12 under the statute?

13 A. Physicians can review charts electronically.
14 However, they do have to be available for collaboration
15 or consultation at all times.

16 Q. Okay.

17 A. That means they have to be available if there is an
18 incident or problem, or something that the nurse
19 practitioner has an issue with.

20 Q. Okay. And there is no limit as to how many mid
21 levels, if you will, nurse practitioners, registered
22 nurses --

23 A. I do not know of any limit.

24 Q. There is no limit on how many a physician can have?

25 A. I do not know of any limit.

1 Q. So do you know of any way that, if a physician is
2 supervising let's say a dozen mid levels, and each of
3 those mid levels have a full time practice, and the
4 physician that's supervising has a full time practice, do
5 you know of any way that the physician could get all that
6 supervising done and still perform the duties that the
7 state requires for all those jobs?

8 A. Again, it -- I cannot speak specifically for what
9 that physician would or would not do.

10 But it would appear that just physically it would
11 be difficult to be in that many places in that time
12 frame. But, again, I can't speak to what he would or
13 would not do.

14 Q. Sure. Just one last thing before we dive in, I
15 want to talk about over prescribing.

16 What should prescribers do to make sure they're
17 not essentially dealing drugs to addicts?

18 A. There are many recommendations that have been made.
19 One is checking the controlled substance monitoring
20 database before prescribing to make sure that the patient
21 is not doctor shopping, that the patient is not obtaining
22 controlled substances from someone else that might
23 interact with something that you're prescribing or might
24 be also duplicating what you are prescribing.

25 The obtaining of urine drug screens. Monitoring

1 those drug screens, the results. If they're aberrant
2 results, discussing that with the patient, document it.
3 Taking any type of action that might be warranted if
4 there are illicit drugs in their system, or if drugs that
5 should be there are not.

6 Pill counts to make sure that they are taking
7 their medication appropriately, the dosage and quantity
8 appropriately.

9 Q. Okay. Is that industry standard that all of those
10 things are kind of a low hanging fruit of due diligence
11 for somebody writing addictive narcotics or controlled
12 substances?

13 A. I believe that those are the recommended practices.
14 And I believe in the Tennessee Chronic Pain Guidelines
15 those things are also mentioned as being good practice in
16 the prescribing of controlled substances.

17 Q. Okay. So moving on to the complaints and the
18 investigative reports that I've got in your binder. And
19 you may have notes on some of these in the files that you
20 brought with you. And that's fine if you want to use
21 those.

22 Let's turn to complaint 201500623, which is at Tab

23 A.

24 A. Okay.

25 Q. It looks like, if you look at that first sheet

1 there in the binder, you've got a letter from the state
2 of Tennessee, Department of Health, on June 23rd, 2015.

3 Do you see that?

4 A. Yes, sir.

5 Q. And that first sentence, a complaint was filed
6 against you, to Dr. Young, excuse me, Mr. Young, was
7 filed against you alleging that you keep alcohol in your
8 office at your clinic.

9 Even though you may not be consuming alcohol
10 during work hours, its mere presence in your office gives
11 the appearance of impropriety.

12 That's in June of 2015, correct?

13 A. Yes.

14 Q. In your investigations did you come to gather
15 evidence that Mr. Young continued to keep alcohol in his
16 office in contravention of this advice the medical board
17 had given?

18 A. There were photographs of alcohol in Mr. Young's
19 office that were sent to us that we forwarded on to
20 central office. Also during one investigation I
21 questioned whether he was having Botox parties at his
22 office after hours. And he did confirm that he was
23 having Botox parties where Botox are administered to
24 patients, Botox is administered.

25 He did say that alcohol was served at those

1 parties. And that the patients did not consume alcohol
2 until after they had signed a consent. However, alcohol
3 was being served at the party, and the patients did have
4 the opportunity to consume alcohol.

5 Q. Okay. And I believe that Mr. Young actually
6 testified under oath a little differently, and we'll get
7 to that in a bit.

8 Just to focus on this -- because I kind of want to
9 establish a chronology here of what the evidence showed
10 and when.

11 It looks like on the next page we've got a memo to
12 the file by Ken Jones. Who is he?

13 A. Ken Jones was an investigator in the central
14 office. There was a period of time when they were short
15 staffed that he helped to triage some complaints when
16 they came in.

17 Q. Looks like he says, an Internet search of Mr. Young
18 revealed a possible 2011 DUI arrest in Florida.

19 Do you see that?

20 A. Yes.

21 Q. And an RBS search revealed that Mr. Young does not
22 have a current notice of formulary listing his
23 supervising physician on file with HRB. And says, please
24 open a complaint file on Mr. Young.

25 The complaint file was not just an allegation

1 about keeping alcohol on the premises, was it?

2 A. If you are referring to --

3 Q. And if you turn to the next page --

4 A. -- complaint 201500623.

5 Q. Yes.

6 A. No, sir. It says the complaint is that the
7 respondent was abusing illegal drugs.

8 Q. Okay. And specifically there some talk about a
9 limousine trip to Memphis with staff and guests,
10 allegations of use of illegal drugs and allegations of
11 drug abuse.

12 Do you see that?

13 A. Yes, sir.

14 Q. I want to ask you, is this -- did you investigate
15 and interview individuals that were in that limousine?

16 A. Yes, sir.

17 Q. And did you get a lot of -- well, first of all, how
18 did this complaint come in? Was it anonymous?

19 A. Yes.

20 Q. And it looks like you conducted a lot of interviews
21 in connection with this complaint, right?

22 A. Yes.

23 Q. What was your genral sense about whether or not the
24 occupants of the limousine were being honest with you?

25 A. A majority of these --

1 MR. FERGUSON: I object to that, Judge.

2 THE COURT: Hold on. I'm sorry. What?

3 MR. FERGUSON: I want to object to that.

4 THE COURT: What is your basis?

5 MR. FERGUSON: That calls for speculation
6 as to whether or not they were being truthful. It's her
7 opinion.

8 THE COURT: Well, I think you would have
9 to set up some kind of a basis for that question, her
10 opinion about that.

11 MR. PENNEBAKER: Well, Your Honor --

12 THE COURT: Have to give some kind of
13 basis for that, I think, for her to give that opinion.

14 MR. PENNEBAKER: Your Honor, just a couple
15 of points.

16 One, the foundation rules don't apply at a
17 bond hearing under these circumstances.

18 But, number two, even if they did, Ms.
19 Pickering has already established that she was the one
20 who went around, who conducted this investigation, she
21 interviewed people. And what she put into her report has
22 to do with her present sense impressions --

23 THE COURT: Let me hear Ms. Pickering say
24 that, as opposed to you, Counsel.

25 MR. PENNEBAKER: Absolutely. Yes, Your

1 Honor.

2 BY MR. PENNEBAKER:

3 Q. So, Ms. Pickering, what did you -- what was your
4 purpose in interviewing the persons that were in the
5 limousine?

6 A. The majority of these individuals were either
7 PreventaGenix employees or friends or family of
8 PreventaGenix employees.

9 And the reason for the interview was to determine
10 whether or not they had viewed the use of illegal
11 substances in the limousine, or whether they viewed that
12 they were present in the limousine.

13 Q. On. And is part of your job as an investigator to
14 determine the credibility of the witnesses that you are
15 interviewing?

16 A. I simply document what they state to me.

17 Q. Okay. And so are you saying that if you felt a
18 witness was not being honest with you, that you would not
19 indicate that in your report?

20 A. We do not indicate that in our report. We simply
21 indicate in our report what is said to us.

22 Q. Okay. And actually, you know what, I'm glad you
23 said that. Because one thing I see you doing in your
24 reports quite a bit is indicating that, you know, witness
25 said this, right after you have got a recitation of some

1 evidence that shows the opposite of whatever the witness
2 stated. Is that accurate?

3 A. We document what is said to us. And we document
4 what we view, what we review, what is stated in something
5 that we review. We don't give any personal opinions as
6 to anything. We just simply state what is there and what
7 we have heard.

8 Q. Okay. Let's get back to what you said about the
9 friends and family.

10 And actually, was there a patient that was in the
11 limousine as well?

12 A. I believe there was a mention of a patient, yes.

13 Q. I think -- we shouldn't say the names. But there
14 was some patients and employees.

15 Were there some spouses of employees?

16 A. I believe so, yes.

17 Q. Including a law enforcement officer?

18 A. Yes, sir.

19 Q. And what was the allegation that had happened in
20 the limousine?

21 A. That there was use of marijuana. And that
22 marijuana was being passed around to the passengers in
23 the limousine.

24 Q. Now almost everybody that you spoke to who wasn't
25 either one of the complainants or a patient that you had,

1 that one of the complainants had heard this from
2 secondhand, denied that that happened. Right?

3 A. Yes, sir. They all denied, with the exception of
4 one person.

5 Q. Okay. And that one person said what?

6 A. That she witnessed Mr. Young smoke a marijuana
7 cigarette in the limousine.

8 Q. Okay. Now also in the report you have, at page
9 three of 27, complaint 201500623. You have an allegation
10 of ingestion of alcohol while on duty.

11 In that first sentence it says, in interview J.
12 Young stated that he maintained alcohol in his personal
13 office at PreventaGenix.

14 So he's confirming that there, right?

15 A. Yes.

16 Q. And then you've also got allegation that J. Young
17 was found asleep while on duty at Primary Care
18 Specialists.

19 Do you see that?

20 A. Yes.

21 Q. And here we've got in an interview JXX MXXXXXX
22 reported that he, excuse me, JM reported that he came to
23 Primary Care Specialists for a check up. He walked out
24 of the room and down the hall. He found a man laying
25 down on the floor in the office. And then that same man

1 came up and provided him care later on during that visit.

2 Right?

3 A. Yes.

4 Q. So in this complaint to summarize, is it fair to
5 say that the board is receiving information that
6 Mr. Young is smoking marijuana, he is partying with
7 patients, he's keeping alcohol at his office, he is, he
8 was potentially passed out on the floor in his office
9 while on duty.

10 Are all of those fair characterizations of what
11 you gathered?

12 A. There is. Information was presented that he was
13 asleep. That the patient waited for 45 minutes to one
14 hour before he went down the hall and found him asleep.

15 He did maintain alcohol in his personal office.

16 And one individual did report that she witnessed
17 him smoking marijuana in the limousine. And there was a
18 patient present in that limousine as well.

19 Q. Okay. I'm going to skip to -- we have got some --
20 just to summarize what is in here. We've got some
21 supervising physician issues that are mentioned, right?
22 Some confusion about who is supervising.

23 And then -- oh, one thing I do want to point out
24 as well.

25 There is an interview by a provider -- or excuse

1 me, an office manager, last name Wheeler.

2 Do you remember that?

3 A. Yes.

4 Q. I want to turn to that for a second. If you look
5 at page 15 of 27 in your report, the third paragraph
6 down.

7 Would you read, I asked Ms. Wheeler?

8 A. I asked Ms. Wheeler if she had personally seen a
9 stocked bar --

10 Q. Sorry. Next paragraph.

11 A. I asked Ms. Wheeler if she was present when Jeff
12 Young threatened X SXXXX, APN. She stated that she was
13 present when Mr. Young called Ms. SXXXX. Mr. Young was
14 placed on speaker phone in the kitchen at Primary Care
15 Specialists. Mr. Young was, quotation marks, off the
16 wall, quotation marks closed, and, quotation, real smart,
17 closed.

18 And that Mr. Young told me Ms. SXXXX that
19 Ms. SXXXX, quotation marks, best be minding her Ps and
20 Qs.

21 Ms. Wheeler reported Mr. Young told Ms. SXXXX that
22 Ms. SXXXX, quotation, best not be talking about him on
23 Facebook.

24 Q. Okay. And that's good.

25 Did you interview Mr. Young --

1 A. Yes, sir.

2 Q. -- in connection with this investigation?

3 A. Yes, sir.

4 Q. And it looks like that's on April 1st of 2015,
5 correct?

6 A. Yes.

7 Q. At page 22 and 27.

8 Does it say there that Mr. Young denied a history
9 of illegal drugs use and denied present use of illegal
10 substances?

11 A. Yes.

12 THE COURT: I'm sorry. Mr. Pennebaker,
13 where are you now?

14 MR. PENNEBAKER: I'm sorry about that,
15 Judge. Page 22 of 27.

16 THE COURT: Okay.

17 MR. PENNEBAKER: Yes, Your Honor. And
18 down there at paragraph 22, about the third, second or
19 third sentence, or second or third line under number 22.

20 THE COURT: Second or third line in which
21 paragraphs?

22 MR. PENNEBAKER: Paragraph 22.

23 THE COURT: I mean, there is several
24 paragraphs there.

25 MR. PENNEBAKER: Yes. It's the first

1 paragraph, second line down at the very far right. Mr.
2 Young denied --

3 THE COURT: I see that.

4 MR. PENNEBAKER: -- history of illegal
5 drug use and denied present use of illegal substances.

6 THE COURT: All right.

7 BY MR. PENNEBAKER:

8 Q. Now, Ms. Pickering, you all record, you audiotape
9 your interviews now, correct?

10 A. Yes, sir, we do now.

11 Q. At that time were you allowed to do that?

12 A. I believe this was prior to the time that we were
13 allowed to audiotape our interviews.

14 Q. Okay. When you send your audio taped interviews,
15 when you submit those to Nashville with your report, do
16 you keep a copy of them as a matter of course?

17 A. No, sir.

18 Q. Okay. So everything goes to Nashville and they
19 take possession?

20 A. Yes, sir.

21 Q. I think this may also be the first time we start to
22 see pictures of Mr. Young on Facebook. Correct?

23 A. I believe there were some Facebook pictures.

24 Q. If you turn to -- and I apologize the pages aren't
25 numbered. But there is attachment number one after the

1 report concludes. And let's see --

2 MR. PENNEBAKER: I don't know if -- do we
3 have an input where I can use the Elmo, Your Honor?

4 THE COURT: Here we go.

5 BY MR. PENNEBAKER:

6 Q. Okay. All right. So was this part of your, this
7 is an attachment to your report?

8 A. I believe that it was. I believe it was attachment
9 number 11, to the best of my recall.

10 Q. Okay. And what did Mr. Young tell you he was doing
11 there?

12 A. He said that he was smoking a regular cigarette as
13 he was exiting the building.

14 Q. Okay. And what is that in the lower right hand
15 corner that I'm pointing to?

16 A. It appears to be a marijuana plant picture.

17 Q. Okay. All right. So that's what is before the
18 board in, looks like about June of 2015.

19 And what we get is, we saw there at the first page
20 of Exhibit A, don't keep alcohol in our office, please,
21 sir.

22 A. Yes, sir.

23 Q. Okay. And that was not your call to provide that
24 admonition and close out the complaint.

25 A. No, sir, I don't make those decisions.

1 Q. Okay. Now No. 201500686. This is Exhibit B in the
2 binder.

3 And it looks like we've got a date of initial
4 incident of 3/19 of 2015. And you authored this report
5 5/4 of 2015. Is that right?

6 A. Let me -- this is -- give me the number again for
7 that report.

8 Q. Sure. It's Exhibit B in the binder. And it is
9 201500623.

10 A. Yes.

11 Q. All right. I believe that if you flip about -- I
12 apologize. These documents sometimes come in strange
13 order. It's about 10 pages in.

14 You will see there is another complaint. I'll
15 just put it up here.

16 Do you have a screen where you can see this on?

17 A. Yes, I do.

18 Q. Okay. So this one is 3/24 of 2015. Looks like
19 that 623 is one of the companion cases, right?

20 A. Yes.

21 Q. And then you see the complainant is RR.

22 A. Yes.

23 Q. Okay. So you wrote this report on 8/10 of 2015?

24 A. Yes.

25 Q. Now just generally speaking, without reading off of

1 anything, or looking at it, what is your recollection
2 about the relationship between RR and Mr. Young?

3 A. I believe at that time, to the best of my recall,
4 they were business associates and friends.

5 Q. Okay. Now why did the board investigate a claim in
6 relation to RR?

7 A. Mr. Young was alleged to have failed to diagnose
8 hypertension in this individual RR. RR later
9 subsequently did suffer a stroke.

10 There were also some allegations of having
11 inappropriately or excessively prescribed medications for
12 RR. And to have prescribed medications for RR without
13 having an appropriate established client-provider
14 relationship.

15 Q. Okay. And you looked into those claims, right?

16 A. I investigated the allegations.

17 Q. Okay. And in your investigation summary, can you
18 kind of hit the highlights for me?

19 THE COURT: Where are we?

20 MR. PENNEBAKER: This is going to be page
21 2 of 10. And it looks like it's complaint number
22 201500686.

23 Your Honor, I apologize there aren't page
24 numbers. But I'm putting what the page looks like. It's
25 kind of near the front of Exhibit B.

1 THE COURT: I've got it.

2 MR. PENNEBAKER: Yes. Thank you, sir.

3 THE WITNESS: I did get prescription,
4 certified copies of prescription records from multiple
5 pharmacies and viewed those. The documentation on those
6 records reflected that Mr. Young had prescribed
7 medications, including controlled substances, for RR on
8 numerous occasions. And that they were filled by RR in
9 multiple pharmacies in multiple states.

10 And that RR filled prescriptions for
11 Hydrocodone ordered by Mr. Young in different pharmacies
12 on 10/17/2013 and 10/25/2013. And that Hydrocodone
13 scripts were filled by RR early.

14 One was written 2/27/2013 and it was
15 filled early on 3/17/2013.

16 BY MR. PENNEBAKER:

17 Q. Okay. I just want to stop you there.

18 So that's a lot of controlled substance
19 prescribing by Jeff Young for RR. Correct?

20 A. He did prescribe Hydrocodone and he did prescribe
21 other controlled substances.

22 Q. Okay. And that included Alprazolam and Adderall,
23 correct?

24 A. To the best of my knowledge, yes, sir, best of my
25 recall.

1 Q. Okay. And, in fact, I want to say -- yeah.

2 So you say here about halfway down that third
3 bullet on the page we're looking at.

4 You say, Mr. Young reported that RR asked Mr.
5 Young for prescription refills. He provided those
6 refills. He would sometimes mail prescriptions to New
7 York for Mr. RR.

8 But he recalled prescribing Adderall,
9 testosterone, Hydrocodone, Xanax --

10 THE COURT: Slow down. Slow down.

11 MR. PENNEBAKER: -- and Fioricet.

12 THE COURT REPORTER: And what?

13 MR. PENNEBAKER: Fioricet,
14 F-I-O-R-I-C-E-T.

15 Did I read that right?

16 THE WITNESS: Yes, sir.

17 BY MR. PENNEBAKER:

18 Q. And I want you, if you will, please, to turn with
19 me to page seven of 10 of your report.

20 And do you see the first full paragraph at seven
21 of 10 --

22 A. Yes.

23 Q. -- which starts, I asked Mr. Young if he prescribed
24 controlled substances --

25 A. Yes.

1 Q. -- for RR without having seen him at the clinic for
2 evaluation.

3 Do you see that?

4 A. Yes.

5 Q. It says, Mr. Young stated he did not recall what he
6 had prescribed for RR.

7 A. Yes.

8 Q. Now going all the way down to the fifth line from
9 the bottom in that same paragraph.

10 You say, I asked Mr. Young if.

11 Do you see that?

12 A. Yes.

13 Q. And if you could just read from, I asked Mr. Young
14 if RR.

15 A. I asked Mr. Young if RR had office visits that
16 corresponded with the dates and the prescriptions written
17 for RR by Mr. Young.

18 Mr. Young replied, no, it was a concierge type
19 thing. He stated that the first date documented in RR's
20 medical record at Skyline Cardiovascular was the first
21 time that Mr. Young saw RR for an established office
22 visit.

23 Q. And did you understand that first date at Skyline
24 to correspond with -- if you look back at two of 10, the
25 fourth bullet point there. I apologize, because we don't

1 have the attachments to these reports.

2 It looks like you say, review of Mr. RR's medical
3 records reflected that the first documented date of
4 Mr. Young having evaluated/treated Mr. RR was 04/15/14 at
5 Skyline. Correct?

6 A. Correct.

7 Q. And it looks like if you go up to that second
8 bullet point, we're seeing pharmacies filling for
9 Hydrocodone multiple times in 2013. And that's for RR
10 off of Jeff Young's prescription pad.

11 It looks like there is another instance of -- of,
12 here at the end of page nine of your report you say,
13 Mr. Young confirmed that he prescribed Adderall for RR on
14 1/29/2014.

15 So that's also going to be before the date of that
16 first Skyline consult. Right?

17 A. Correct.

18 Q. So once again you say -- you asked Mr. Young if RR
19 had office visits that corresponded with the dates of the
20 prescriptions. And he said, no, it was a concierge type
21 thing. The first date that we see RR show up at Skyline
22 is the first time Mr. Young saw RR for an established
23 visit. Correct?

24 A. That was what was said to me, yes, sir.

25 Q. Okay. And then in the next sentence you say,

1 Mr. Young stated that he provided RR with a, quote,
2 curbside consult.

3 A. Yes.

4 Q. He and RR lived in the same apartment building at
5 the time. Right?

6 A. Yes.

7 Q. And you asked if he documented the, quote, curbside
8 consults.

9 And what was his reply to you?

10 A. Text messages, that type of thing.

11 Q. Okay. So now I want you to take a look at what I
12 believe is Exhibit Z in the binder. So it's at the very
13 back. I'm sorry to make you flip around.

14 But what I'm asking you to look at is a deposition
15 of Jeff Young, August 8th, 2018. And this is an attorney
16 from the board questioning him under oath. Okay?

17 A. Okay.

18 Q. Now if you flip to page 208.

19 Do you see where Ms. Alcock, who is the attorney
20 for the board -- are you with me?

21 A. Yes.

22 Q. So she is saying, in the medical records that we
23 have before us, which is all we have on this patient,
24 there is nothing else. And she is talking about RR,
25 right?

1 A. Yes.

2 Q. They're talking about whether there is
3 documentation of these earlier prescriptions.

4 Do you remember that?

5 A. Yes.

6 Q. Because you have had a chance to look this over
7 before this hearing today?

8 A. Yes, sir.

9 Q. And Mr. Young says, there is nothing else that you
10 have. I'm saying there is other medical records out
11 there. And I told you this guys is hostile. And I
12 don't -- I mean, I'm not going to get into all that,
13 because I don't want to argue.

14 Do you understand that to mean that he is talking
15 about his legal dispute with RR that postdated the stroke
16 that RR had?

17 A. I can't for certain. But I do know that there was
18 a legal dispute.

19 Q. Okay. But needless to say, if you go back to page
20 184, for example, of the deposition. And you look at --

21 THE COURT: Which page?

22 MR. PENNEBAKER: That's 184, Your Honor.

23 THE COURT: All right.

24 BY MR. PENNEBAKER:

25 Q. You look at line 21.

1 Question. Do you think that it meets the standard
2 of care to prescribe a controlled substance to someone
3 that you haven't even seen in the office?

4 Answer. I had seen him.

5 I'm curious about this, this being the complete
6 thing on from Skyline, because when we first -- let me
7 look at the dates again on that.

8 Was this a complete medical record and so on and
9 so forth?

10 And then skipping down on 185 to line 23.

11 What I'm looking at and what I'm concerned about
12 is -- and this is the question.

13 What I'm looking at and what I'm concerned about
14 is the CSMD's proof basically that you prescribed a
15 Schedule II at this time, Lortab, multiple occasions
16 without that being in the record.

17 And then the answer is at 828, 1013. Where this
18 actually may be -- I may have actually seen him down at
19 Primary Care Specialists South.

20 So we're getting a story here that, I did see him.
21 Right?

22 A. That's what this says, yes.

23 Q. And, in fact, it's saying on page 184, I had seen
24 him.

25 There is no equivocation there, right?

1 A. That's what it says.

2 Q. So that is the exact -- and that's under oath,
3 right?

4 A. Yes, sir.

5 Q. That's the exact opposite of what he admitted to
6 you when you interviewed him back in 2015, isn't it?

7 A. Yes, sir.

8 Q. Where he said, it was a curbside consult.

9 A. Yes, sir.

10 Q. Did you have any reason to make that up that he
11 said that?

12 A. No, sir.

13 Q. Would you ever do something like that?

14 A. I report exactly what they tell me, only what they
15 tell me.

16 Q. Any idea what might have changed in the interim
17 that would have made Mr. Young's memory get sharper as
18 time went on, as opposed to --

19 A. I cannot answer that. I have no idea as to...

20 Q. Okay. Now if you will turn with me, please -- and
21 I know we're flipping around, Exhibit B, page -- page
22 five.

23 This is a memo to the file on August 11th, 2015.

24 THE COURT: Where are you now?

25 MR. PENNEBAKER: This is the fifth page of

1 Exhibit B, Your Honor.

2 I hope that somebody is furiously
3 numbering binders behind me. That's an oversight on my
4 part, Judge. I apologize.

5 THE COURT: Page five of?

6 MR. PENNEBAKER: Exhibit B.

7 THE COURT: Okay.

8 BY MR. PENNEBAKER:

9 Q. It's a memo to the file, is it not?

10 A. Yes, sir.

11 Q. What do you say here?

12 A. I say, I submitted this case on 8/10/15.

13 Respondent Jeffrey Young, APN.

14 I just received a call from RR, complainant,
15 stating that RR had reviewed postings made by Mr. Young
16 on Facebook. And that RR felt threatened by the
17 postings. RR forwarded copies of those postings to me
18 via e-mail. Please see attached.

19 Q. Now is this going to become a theme in this
20 evidence that we're looking at, these threats on
21 Facebook?

22 A. There were other allegations of threats on Facebook
23 by other individuals.

24 Q. Okay. And they weren't just allegations, right?
25 You actually went --

1 A. We did get copies, yes.

2 Q. You were able to get copies. And you have seen the
3 threats on Facebook.

4 A. There were some threats that were on Facebook and
5 we did forward those this central office. Anything that
6 we receive, whether it be phone messages, text messages,
7 Facebook, anything that is sent to us, we forward on to
8 our central office for review.

9 Q. Okay. All right. So suffice it to say that at
10 this point in August of 2015, the board has a indication
11 from you that Mr. Young has admitted to you that he was
12 doing curbside consults with a business associate, RR,
13 without performing any sort of a medical evaluation in an
14 office setting. Right?

15 A. Correct.

16 Q. He's prescribing him multiple controlled
17 substances, including Lortab, which is an opioid used to
18 treat pain. He's prescribing a Benzodiazepine for
19 anxiety. He's prescribing Adderall, which is a stimulant
20 for attention deficit disorder, correct?

21 A. Correct.

22 Q. And do you know whether or not Mr. Young has any
23 formal training in psychiatry or psychology?

24 A. To my knowledge that's not listed in his licensure
25 file, to my knowledge.

1 Q. Okay. And all of this is happening in a patient
2 with hypertension, correct?

3 A. Yes, sir.

4 Q. He stroked out, right, before Mr. Young ever saw
5 him in his office, correct?

6 A. He did suffer from a stroke, yes, sir.

7 Q. And, in fact, he filed a lawsuit against Mr. Young
8 for that, didn't he?

9 A. Yes, sir.

10 Q. So the board has admissions to this effect from
11 Mr. Young back in August of 2015?

12 A. Yes, sir.

13 Q. And what happens with this complaint?

14 A. I was not formally notified --

15 Q. Okay.

16 A. -- of this. But his license was not, to my
17 knowledge -- well, I know his license was not in any way
18 revoked or suspended or anything like that. He continued
19 to practice.

20 Q. Right. And setting aside what dispute RR and
21 Mr. Young might have, it was Mr. Young who told you the
22 facts that I just stated to you, right, not RR?

23 A. Yes, sir.

24 Q. About the curbside consults and the concierge
25 medicine and living in the same apartment and medicine by

1 text.

2 A. Yes, sir.

3 Q. And also we heard that the day after you submitted
4 the investigation report, that you also forwarded along a
5 threat that you had been informed of via Facebook from
6 RR.

7 A. Yes, sir.

8 Q. Okay. Now in Exhibit C -- and it looks like this
9 one is out of order, but we'll just touch on it.

10 This looks like it's a complaint, an allegations
11 report that was received by the department in October of
12 2016, correct?

13 A. Yes, sir.

14 Q. Now if you flip to the third page -- do you
15 recognize, first of all, GE, the complainant?

16 A. Yes, sir.

17 Q. And in this complaint we're getting some
18 allegations about HIPAA concerns. Right?

19 A. Yes.

20 Q. And when the patient confronted Mr. Young about her
21 HIPAA concerns -- and it's that last paragraph on what is
22 marked at the top as page four of 49 there...

23 MR. PENNEBAKER: And let me show you all
24 what document I'm looking at, just so you know.

25 It's the fourth page of Exhibit C.

1 THE COURT: Fourth page?

2 MR. PENNEBAKER: Yes, Your Honor. Starts
3 on 6/6/16.

4 THE COURT: I'm sorry. What was that?

5 MR. PENNEBAKER: It starts, it says 6/6/16
6 at the top.

7 THE COURT: Yes. I see it. Sorry.

8 BY MR. PENNEBAKER:

9 Q. Okay. Now that last paragraph, Ms. Pickering,
10 without reading -- I guess there is not, there is not any
11 patient names. So if you could just read that.

12 A. I told Jeff that he is a liar and he lied to me and
13 violated my HIPAA rights.

14 I told him that I had checked with an attorney to
15 see if I had overreacted. When Jeff heard the word
16 attorney, he proceeded to get very ugly. He called me
17 a...

18 Q. And you can just use the letters --

19 A. GDFB. I called him a F liar.

20 Q. Okay. And there are a number of allegations on the
21 next page. It looks like unprofessionalism, broke
22 confidentiality. There is a notification about the
23 Facebook page being very vulgar. Post videos on
24 Periscope of himself being drunk. Sniffing girls'
25 panties and saying he can tell the age of a female by

1 sniffing them.

2 Were you aware of all that?

3 A. Yes, sir.

4 Q. Are you aware of any sort of action by the board
5 that came out of things like being drunk on Facebook or
6 Periscope and sniffing girls' panties?

7 A. I did not receive any investigations related
8 directly to that. And I checked with my other
9 investigators in my office. And they did not have any
10 investigations to their knowledge directly related to
11 that.

12 Q. In fact, the sniffing panties thing -- I'm sorry
13 to, that's just ground we're going to have to cross in
14 this hearing today -- that was actually something that
15 Mr. Young promoted in his TV pilot, right?

16 A. To my knowledge, yes.

17 Q. That was actually something that as the Rock Doc
18 persona he was doing, he was boasting about being able to
19 do that with his friend Uncle Kevin Puffy K. Right?

20 A. To my knowledge, yes, sir.

21 Q. Now I want to turn to Tab D. I've got a -- I'm
22 going to try to hit the high points here, because we
23 don't have a long time and I've got to get you out of
24 here for Nashville, I know that.

25 But this is an allegation report from someone

1 named Barry Cooper.

2 Do you see that?

3 A. Yes, sir.

4 Q. And did you ever receive, did any investigator ever
5 receive anything -- was there an investigation opened on
6 this complaint?

7 A. To the best of my knowledge, not by my office in
8 West Tennessee, no, sir.

9 Q. Okay. So the -- okay. So the -- if you look at
10 the second page of this handwritten complaint, you see
11 that -- I've enclosed photos of current or former
12 patients stating that Mr. Young has told them to, quote,
13 just smoke marijuana to help treat their symptoms.

14 Do you see that?

15 A. Yes, sir.

16 Q. Is that something that -- in spite of the fact you
17 never saw this document -- am I right that you've never
18 seen this complaint until I showed it to you?

19 A. To best of my knowledge, no, sir.

20 Q. But that was not the first time that you heard that
21 Jeff Young instructs his patients to smoke marijuana, was
22 it?

23 A. No, sir.

24 Q. It says, I've included screen shots of him serving
25 alcohol in his clinic. This happened on multiple

1 occasions. Right?

2 A. That's what it says, yes, sir.

3 Q. And he has Facebook page that has some very foul
4 posts, including him telling a lady he hopes he died from
5 cancer. Right?

6 A. Yes, sir.

7 Q. It says, I believe Mr. Young to be a threat and
8 danger to his current clients. Please look into the
9 evidence being sent. Right?

10 A. Yes, sir.

11 Q. Okay. So next page we see -- this is a incident
12 report from September 1 of 2016.

13 So this is a full two years before the board's
14 agreed order in November of 2018. Right?

15 A. Yes, sir.

16 Q. And it looks like, according to AB, she is
17 approached by a male, Jeff Young, in a very threatening
18 manner. He's yelling at her to stop soliciting. Trying
19 to explain what she was doing there.

20 And she thought he was going to assault her. And
21 his actions put her in great fear for her safety.

22 Do you see that?

23 A. Yes, sir.

24 Q. And then as you flip through the pages here you
25 also see what Mr. Cooper is talking about. And this

1 we're going to get into in another minute. But I want to
2 focus your attention -- and we're going to have to
3 reverse engineer this.

4 If you look at Exhibit E, and then turn back one
5 page so that you are at the page of Exhibit D.

6 A. Okay.

7 Q. Do you see -- and is it consistent with your
8 recollection that this is part of a conversation
9 Mr. Cooper and Mr. Young were having about using
10 marijuana as a medicine?

11 A. I believe so, yes.

12 Q. And that is going to be the subject of later
13 testimony.

14 But what I want to point you to is that very last
15 page. And it says, Jeff Young to. Barry Cooper, I don't
16 think we were talking to you -- and by the way, who is
17 Barry Cooper?

18 A. I am not -- he is -- excuse me. Barry Cooper,
19 trying to recall. I did not get this attachment, so I
20 can't say his current position. I don't know.

21 Q. Okay. Is it consistent with your understanding
22 just from working in the community that he is the head of
23 the Counsel on Alcoholism and Drug Dependency --

24 A. He was. As to whether that is his current
25 position, he was.

1 Q. Yeah. I don't want you to speculate about what he
2 does now.

3 So in this capacity -- I think he might even
4 mention it in the beginning of this report. But he is --
5 he might not.

6 But he says -- he and Jeff are having this
7 Facebook discussion, quote, unquote. And then there on
8 that last page, Barry Cooper, Jeff says to Mr. Cooper, I
9 don't think we were talking to you, we were talking about
10 your punk ass.

11 Remember this is my page and my post and I can say
12 whatever the F I want.

13 THE COURT: I'm sorry. I've lost you
14 again, sir.

15 MR. PENNEBAKER: Yeah. Your Honor, if you
16 turn to the E, Tab E.

17 THE COURT: I did --

18 MR. PENNEBAKER: And then just flip one
19 page backwards.

20 THE COURT: That was -- well --

21 MR. PENNEBAKER: And you will see, it's
22 got this search at the very top. I'll put it on the
23 screen so you can see.

24 THE COURT: Okay. Well, okay. All right.
25 Apologize. Okay. I got it.

1 MR. PENNEBAKER: Absolutely, Your Honor.

2 THE COURT: Yes, I got it.

3 BY MR. PENNEBAKER:

4 Q. So I'm down there where it says, Jeff Young to.

5 And that he's tagging Mr. Cooper. And he says, I don't
6 think we're talking to you, we're talking about your punk
7 ass. Remember this is my page and my post, and I can say
8 whatever the F I want.

9 Then I guess he's talking to Robert Gordon
10 Spencer. And he wants to take screen shots for Rock Doc
11 TV so people can see the pussy ass bullshit I put up
12 with.

13 And then to Darrell Becham, who just before had
14 said, settle it like men. This guy would be the first to
15 call the police if we tried to settle it like men. You
16 know his type. And then calls him another derogatory
17 name. And it keeps going from there.

18 But again, the date on here is 11/3 of 2016. And
19 that's the date on the complaint.

20 This was never opened.

21 A. To my knowledge, no.

22 Q. Okay. I'm just asking you as a human being, would
23 you consider that to be a threatening post on public
24 forum?

25 MR. FERGUSON: Judge, again I object.

1 Speculation, relevance. It's not what she thinks.

2 MR. PENNEBAKER: I'll move on, Your Honor.

3 BY MR. PENNEBAKER:

4 Q. Okay. This is another important one. If we can
5 turn to F.

6 Let me know when you are there.

7 A. I'm there.

8 Q. Would you read the letter -- and so we don't have
9 to flip all the way through this. There is a September
10 9th, that second e-mail down.

11 A. Okay.

12 Q. Will you start with, she says I'm MXXXXXX JXXX.
13 Will you start that next sentence, thank you for your
14 e-mails.

15 A. Thank you for your e-mails notifying us to
16 allegations of unprofessional behavior by Jeff Young. We
17 are greatly concerned about the health and welfare of
18 these young possibly high school students.

19 However, in order for us to properly investigate
20 these allegations we will need names and valid contact
21 information of possible witnesses that are willing to be
22 interviewed.

23 Unfortunately, without names this is just a he
24 said/she said type of allegation and cannot be factually
25 proven.

1 I would also like to include you and the
2 respiratory therapist that was mentioned in your e-mails
3 to be included on this list as well.

4 Q. I'll just stop you there.

5 Now let's get something -- let's be right up front
6 with something.

7 Ms. Young, that's Dawn Young, the ex-wife who is
8 one of the members of the supposed witch hunt, correct?

9 A. That would be -- there is no first name, but that
10 would be my assumption, yes, sir.

11 Q. Okay. And actually, if you look at the e-mail
12 above that one it says, Dawn Young, RN.

13 So it looks like Dawn is about to respond back.

14 A. Okay.

15 Q. But if you turn to the next page. We've got text
16 message exchanges between what appears to be Dawn and
17 this person SXXXXX LXXXXX CXXX, correct?

18 A. Uh-huh (affirmative response). Yes, sir.

19 Q. So I need to know why your ex-husband has a problem
20 with my husband, it says there. Correct?

21 A. Yes, sir.

22 Q. Then response is, he's crazy. You need to call the
23 cops and report it.

24 The next page. Yes, he is posting my address on
25 social media, as in home address, and taking picture of

1 SXXXX outside our house.

2 Do you see that?

3 A. Yes, sir.

4 Q. And I'm so sorry, says the recipient.

5 And then the following page it says, I know for a
6 fact that he is meeting teenage boys and giving them
7 testosterone shots. That's so illegal.

8 Do you see that?

9 A. Yes, sir.

10 Q. Following page.

11 Are you serious? How do you know that? You need
12 to report that to the Board of Nursing. OMG. You're a
13 nurse, right?

14 Talking to Dawn, who is a nurse.

15 Oh, I'm sorry, that's Dawn who is saying you need
16 to report that to the Board of Nursing because you,
17 SXXXXX, are a nurse.

18 Dawn says -- excuse me. That's -- yeah. So Dawn
19 is saying, SXXXXX, you're a nurse.

20 And SXXXXX says, I'm not a nurse. I have had some
21 of the Crockett County football players tell me he is
22 giving them shots.

23 And then the next page.

24 Do their parents know?

25 And then the response is, I work at a place that

1 deals a lot with him. No, their parents don't know.

2 They pay him cash money on the side.

3 Okay. And it just goes on. There is a few pages
4 later.

5 How do you know it's not just gossip?

6 And then the recipient says, I know for sure. The
7 kids have personally told me.

8 And on and on.

9 So flipping back to the first page of Exhibit F.
10 You get Dawn saying, Ms. JXXX, I have spoken to the
11 person who sent the messages to me. And she gave me a
12 young male's name who is supposedly paying cash.

13 I've contacted the drug task force and was told by
14 Investigator Pate that there is already an active
15 investigation against Jeff Young. I would be glad to
16 forward to you at the very end. She said TBI is
17 investigating. I would be glad to forward to you.

18 Again, you said that as to the allegations of
19 testosterone and misuse of testosterone, it's not
20 something that was ever, had an investigation that came
21 to your knowledge?

22 A. To my knowledge, no.

23 Q. And do you know whether or not testosterone is an
24 anabolic steroid that's a Schedule III drug?

25 A. Yes, sir.

1 Q. Does Schedule III mean that it has addictive and a
2 high potential for abuse?

3 A. Has potential for abuse, yes, sir.

4 Q. Not the highest --

5 A. Not the highest, but it does have --

6 Q. -- but it's still --

7 A. -- a potential for addiction and abuse.

8 Q. Right. And are anabolic steroids, specifically
9 testosterone, something that the board order, the agreed
10 order carved out that Jeff Young can still write you a
11 prescription or me a prescription for today?

12 A. It's my understanding that he can write
13 prescriptions for testosterone.

14 Q. Okay. And as far as you know, the board has never
15 opened a investigation into this September 10, 2016
16 allegation with text messages --

17 A. Not to my knowledge.

18 Q. Okay. Okay. Moving on to Exhibit G.

19 We've got JW, who files an allegation report. And
20 if you look at the second page there.

21 This is in April of 2016. Right?

22 A. Yes, sir.

23 Q. It looks like on April 20, 2016, Mr. Young posted a
24 live video on Periscope in which he and a local drug
25 representative were obviously intoxicated and drawing

1 graphic, obscene and lude pictures of three other local
2 nurse practitioners who were labeled and referenced by
3 name.

4 On April 21, 2016, Mr. Young posted another live
5 video stream to Periscope in which he is again clearly
6 intoxicated. During the video he and two other males,
7 one of whom is the same drug rep, are using graphic and
8 obscene language.

9 These streams are not likely to be accessible, but
10 they can contact me or another individual to receive
11 copies of the videos.

12 Do you see that?

13 A. Yes, sir.

14 Q. Do you know whether that was ever done?

15 A. To my knowledge, we did not receive that to
16 investigate at West Tennessee.

17 Q. Okay. But, I mean, this is an allegations report
18 for the Department of Health. Right?

19 A. Yes, sir.

20 Q. Okay. Just making sure.

21 Now the next page says, Dear Board of Nursing.

22 The next page is a Jeff Young Facebook post.

23 Do you see that?

24 A. Yes.

25 Q. And --

1 THE COURT: Where are you now, sir?

2 MR. PENNEBAKER: So I'm on Exhibit H. I
3 apologize.

4 THE COURT: Sorry. Yes. Go ahead.

5 MR. PENNEBAKER: It's the third page of
6 Exhibit H.

7 THE COURT: Okay. Thank you.

8 BY MR. PENNEBAKER:

9 Q. And Jeff Young says, hope Trump's surgeon general
10 will do something about slapping a warning label on it.
11 Hash tag real talk.

12 And underneath that is a statement, cigarettes and
13 alcohol have warning labels because they are addictive,
14 dangerous and destroy lives, and yet vaginas are just
15 allowed to roam about freely.

16 Do you see that?

17 A. Yes, sir.

18 Q. Next page, this is a black and white photo.

19 Have you seen that photo before?

20 A. Yes, sir.

21 Q. What is that?

22 A. I believe it is a photograph of a penis with a
23 cloth on top of it.

24 Q. And it's made to look like a ghost, right?

25 A. Yes.

1 Q. And if you flip three additional pages. So there
2 is one with "applies" at the top. There is one with
3 "search" at the top. There is one with "Jeff Young to"
4 at the top. And there is another, looks like a mug shot
5 pulled with 6:22 p.m. at the top.

6 A. Yes, sir.

7 Q. And there is something that says, criminal, beat up
8 wife.

9 A. Yes, sir.

10 Q. Do you see that?

11 A. Yes, sir.

12 Q. And then flip that page, the following page, the
13 following page, the following page.

14 And this is another posting from Jeff Young's
15 Facebook. I don't think I'm going to read that one out
16 loud.

17 But have you seen this?

18 A. Yes, sir.

19 Q. I'll sensor it.

20 Little Johnny couldn't wait to see that B his C.
21 Bs love Cs.

22 Is that appropriate for a practicing nurse
23 practitioner in Jackson or the state of Tennessee?

24 A. Again, that would be my personal opinion.

25 MR. FERGUSON: Judge, I'm going to object.

1 Move to strike. Personal opinion.

2 THE COURT: Yes, sir. Sustain that
3 objection.

4 MR. FERGUSON: Thank you.

5 BY MR. PENNEBAKER:

6 Q. Okay. In the same batch it looks like we've got
7 the same picture that we saw blown up, or smaller
8 earlier. But now you can see what Jeff tags with it.
9 It's California. I'm the blue dot surrounded by weed.
10 Hash tag medical marijuana, hash tag herb, hash tag
11 legalize MJ.

12 Do you see that?

13 A. Yes, sir.

14 Q. And you've also got a picture -- you've got a copy
15 of what is called the CSMD report for JA.

16 A. Yes, sir.

17 Q. Do you see that on the screen?

18 A. I do.

19 Q. So that I don't have to have you flip, I'll just
20 have you look at the screen.

21 A. I do.

22 Q. Now it looks like there is -- the date there is --
23 and I can make it out. It's 3/3/16, 3/1/16, 3/1/16,
24 2/15/16, 2/15/16, 2/15/16. They're all Jeff Young
25 prescriptions, right?

1 A. Yes, sir.

2 Q. It says at the top, Young's new weight loss
3 adviser.

4 Do you see that?

5 A. Yes, sir.

6 Q. And these drugs, reading from the bottom up,
7 Oxycodone, Clonazepam, Fentanyl, Amphetamine, Hydrocodone
8 and Alprazolam.

9 Is that three different types of opioids, a
10 stimulant and two benzodiazepines?

11 A. Yes, sir.

12 Q. So if somebody is turning this in and saying, hey,
13 medical board, look at this. This person works for Jeff
14 Young. And she's getting -- can you speak to the
15 morphine equivalent of 183.75 that we see on that page?
16 And I'll just put it up so you don't have take my word
17 for it.

18 Is that a lot?

19 A. That is a high morphine equivalent dosage, yes,
20 sir.

21 THE COURT: I can't hear what you are
22 saying, ma'am.

23 THE WITNESS: To my knowledge, yes, sir,
24 that is a high morphine equivalent dosage.

25 BY MR. PENNEBAKER:

1 Q. Is 90 a high morphine equivalent dosage?

2 A. 90 is one that would show up as concerning, yes,
3 sir.

4 Q. Concerning?

5 A. Yes, sir.

6 Q. Right. So that's double that.

7 So somebody is really sounding the alarm here
8 saying, hey, check this out. This guy is on Facebook
9 posting inappropriate things. He is prescribing to
10 employees in ways that -- whoever it was that was
11 reporting found it concerning.

12 Do you know specifically whether or not there was
13 ever any investigation opened into those allegations?

14 A. I do not have any knowledge of any investigation by
15 our office in West as to that. I do recall that that was
16 sent in in an envelope from a, someone who did not
17 identify themselves. It was forwarded to central office
18 by our office. And it was also sent to Tennessee
19 Professional Assistance Program, who also sent it to our
20 central office.

21 Q. Okay. Whether that was sent in by someone who has
22 a mortal vendetta against Mr. Young or not, does that --
23 I mean, would that -- should that make a difference to
24 the board about the contents of what Mr. Young personally
25 posted?

1 A. I cannot say what the board would or would not
2 regard. I can say that as far as an investigator, it
3 does not matter who the complainant is or the nature of
4 their relationship to the respondent, we still
5 investigate everything that is sent to us and then we
6 just document the facts that we learned.

7 Q. Okay. In looking at Exhibit L, please. We're
8 going to pass Exhibit K, which is concerned nurse
9 practitioners and pharmacists that make this report on
10 the 2nd of November, 2015. I'll just touch on this
11 quickly.

12 I practiced for many years in Jackson. I had a
13 patient who wished to make an appointment with me. I ran
14 a prescription monitoring prior to her visit --

15 THE COURT: I apologize. Is this in L?

16 MR. PENNEBAKER: I'm sorry, Judge. I
17 wandered back to K.

18 THE COURT: Okay. Hold on. Is this
19 number three under K?

20 MR. PENNEBAKER: This is -- it says --
21 yes, this is page three under K.

22 THE COURT: I've got it.

23 BY MR. PENNEBAKER:

24 Q. So, yeah. If you look at it, it's got allegations
25 of harmful prescribing. Couldn't believe -- from another

1 nurse practitioner. Couldn't believe the number of
2 controlled meds. Some of the most flagrant prescribing.
3 Something must be done. He's abusing alcohol. He's been
4 intoxicated at a recent dinner meeting.

5 And this is not the only place where that
6 complaint about the intoxicated at the recent dinner
7 meeting, had to be escorted out was made, correct?

8 A. Correct.

9 Q. So multiple sources are reporting that he's having
10 to be escorted out of professional events. This is just
11 one of them.

12 Attachment is the PMP report for this patient.
13 Okay. So if you want to know whether or not this is
14 overprescribing, I'm attaching the CSM, the controlled
15 substance monitoring database, just like we saw for JA
16 earlier.

17 You will see why many pharmacists in Jackson
18 refuse to fill any controlled meds written by Jeff Young.

19 Is that, is that a red flag to you as an
20 investigator if pharmacies are refusing to fill a
21 licensed provider's prescriptions for controlled drugs?

22 A. As an investigator, that would be something that we
23 would want to investigate further if we were notified of
24 that. We would want to know why they are refusing to
25 fill those controlled substance prescriptions.

1 Q. Right. And would that be concerning to you, as an
2 investigator, if the report that you got back was, I'm
3 afraid for my pharmacy license?

4 A. That is something that we would make note of.

5 Q. Okay. So now moving to L.

6 This is a complaint from November 16th of 2015.
7 And we have the name of the person on the first page.
8 It's SB. And the date is November of 2015. And the
9 third page the details of the complaint.

10 And you see there is an asterisk at the bottom.
11 It says, I would not like my name revealed. Just want to
12 make you aware.

13 But she's reporting, not a patient, but seen a lot
14 of HIPAA violations and disturbing actions on social
15 media. The victim was pretty much attacked because they
16 reported they weren't being able to see the doctor.

17 And then if you start flipping through the pages
18 you can see the names of the patient and her husband
19 circled. And then, once again, you have just a town hall
20 of people starting to beat up on this patient.

21 Is that correct, that these exchanges that we go
22 through are the patient getting attacked for complaining
23 about not being able to get in to see her doctor?

24 A. There are some very derogatory and ugly comments
25 made, yes, sir.

1 Q. Actually there was an investigation opened up
2 because of those allegations, was there not?

3 A. I believe that was part of an allegation that was
4 opened, yes, sir.

5 Q. Okay. Here on Exhibit M we've got another
6 allegations report, November of 2015. This is a type
7 written complaint.

8 And if you look on the third page, this is a
9 patient of Jeff Young. Correct?

10 A. Yes, sir.

11 Q. And let me have you read, just read from the top,
12 please.

13 A. On page 7, where it say Facebook comments?

14 Q. No. I'm sorry. It's this M.

15 A. Okay. The initial --

16 Q. It's the typewritten page.

17 A. Okay.

18 THE COURT: Counsel, tell you what, before
19 we get into that let's take a break. We've been going
20 for quite a while.

21 MR. PENNEBAKER: Yes, Your Honor.

22 (Recess taken.)

23 THE COURT: All right. You may proceed.

24 MR. PENNEBAKER: Thank you, Your Honor.

25 BY MR. PENNEBAKER:

1 Q. Ms. Pickering, we were looking at Exhibit M and the
2 type written page.

3 A. Yes, sir.

4 Q. Do you see that?

5 A. Yes, sir.

6 Q. You have had a chance to look at that while the
7 break was happening?

8 A. Yes, sir.

9 Q. Does this person say that Mr. Young has been my
10 primary care physician since June of 2014?

11 A. Yes, sir.

12 THE COURT: Exhibit N?

13 MR. PENNEBAKER: M, like in mother.

14 THE COURT: On page two of 27?

15 MR. PENNEBAKER: Third page. I'm sorry,
16 Judge. I believe that I'm on M.

17 THE COURT: Oh, M? I'm sorry. I
18 apologize.

19 MR. PENNEBAKER: Yes, Your Honor.

20 THE COURT: Third page of M?

21 MR. PENNEBAKER: Yes, sir, Your Honor.

22 THE COURT: Okay.

23 BY MR. PENNEBAKER:

24 Q. So this person says that he's hung over and smells
25 terrible. She had to unfriend him on Facebook because

1 he's constantly posting statuses and comments trying to
2 get girls to come over and have sex with him. She
3 mentions the friend of hers who had been sick for a long
4 time, strep. Trying to make an appointment for two days
5 while her kids were at school.

6 And this person says that Jeff's office staff, on
7 Facebook, I guess, the office staff was rude. And then
8 Jeff and his office manager Christy started commenting on
9 that status and tagging my name and cussing me and the
10 original poster. Christy also sent me a private message
11 threatening to post on Facebook that I owed the office
12 \$450.

13 Then there is some allegations about Jeff known to
14 falsify charts and give prescriptions to convicted drug
15 dealers such as Elstem and Hemby.

16 THE COURT REPORTER: Who?

17 MR. PENNEBAKER: H-E-M-B-Y.

18 BY MR. PENNEBAKER:

19 Q. There is an allegation about some billing fraud.

20 But if we look at -- and I'm just going to put it
21 up, so that I don't have to get you all to flip all the
22 way to where I'm going. I'm still in Exhibit M.

23 And if you look at the screen, Ms. Pickering, do
24 you see how there is Christy, the office manager?

25 THE COURT: Got twenty-five in the upper

1 right hand corner?

2 MR. PENNEBAKER: Yes, sir, Your Honor.

3 THE WITNESS: Yes, I see that.

4 BY MR. PENNEBAKER:

5 Q. And so this is the office manager saying, you owe
6 us 450. Should I blast that out on Facebook?

7 A. Yes, sir.

8 Q. And we have got the complainant here who is saying,
9 Jeff is my PCP. Right?

10 A. Yes.

11 Q. So this is an office manager threatening to blast
12 out a debt to a medical practice on Facebook?

13 A. Yes, sir.

14 Q. And then the patient says, it's illegal for you to
15 put that information on Facebook.

16 And then you get back from the office manager,
17 funny how you can bash Jeff on this and not tell the
18 entire truth. You don't pay you bill, yet you have the
19 nerve to say something about him.

20 She says, yes, I can't say anything about the
21 money you owe -- yes, I can say anything about the money
22 you owe. I can't tell your medical history, but I can
23 tell everyone you don't pay your bills. And I'm not
24 going to, because I have more class than that.

25 Is that the, as an investigator into compliance

1 with medical ethics and rules and law, is that consistent
2 with how an office manager should be behaving with
3 respect to a medical practice?

4 A. I've not seen an office manager behaving that way
5 before, no.

6 Q. And it's not like -- if you just flip back a few
7 pages. If you look back -- let's see, you flip back
8 another two pages to the, it says page 23 at the top
9 right.

10 This is Jeff talking to the same person.

11 I bashed your front desk staff and office manager.
12 I said you and your nurses and Cortina were amazing. I
13 told you about these issues multiple times at your
14 office, but whatever.

15 Jeff says, find better elsewhere.

16 And then, okay, I'll pick up my chart tomorrow.

17 And then, please do. Your comments about alcohol
18 are slanderous and you can expect me to sue you. I'm
19 contacting my attorney. They have no basis in fact and
20 are flat out slander and libel. In state of Tennessee
21 carry a very stiff penalty. Better be prepared to lawyer
22 up or take them down.

23 Is that something that's consistent with medical
24 ethics to say, hey, you don't like waiting a long time,
25 find better elsewhere?

1 A. I have not seen that before either. Normally a
2 patient is given a certain number of days. They're given
3 a discharge letter and they're treated for a certain
4 number of days prior to that discharge.

5 Q. Okay. And then here we've got White Knight Jeff
6 Young. Once again, pleading for, hey, I'm just trying to
7 point out about your staff.

8 And then Jeff's text message is, nobody else you
9 would have access to way you have access to me. I called
10 hospitals and cussed out ER docs for you. No good deed
11 goes unpunished.

12 He says this on a public forum to a patient.
13 Right?

14 A. Yes, sir.

15 MR. PENNEBAKER: That was page 21, Your
16 Honor.

17 BY MR. PENNEBAKER:

18 Q. And all of this is something that is in the medical
19 board's hands.

20 I know I sound like a broken record here. But
21 looks like this was back in November of 2015.

22 Now in a second we're going to flip over to N,
23 Exhibit N.

24 Now this is complaint number 201600067. And it's
25 something that you submitted it looks like on 6/6/16.

1 Is that right?

2 A. Yes.

3 Q. And this is a 27 page investigative report that you
4 submit.

5 And at the beginning you say that the
6 investigation revealed the following. And it is a fairly
7 extensive list. Right?

8 A. Yes, sir.

9 Q. It's several pages of investigative findings. And
10 I think you said earlier, you're not characterizing
11 whether or not you feel things are credible or not
12 credible, you are just reporting what you've been told.

13 A. I report data, yes, sir.

14 Q. Okay. So we've got several categories of things.
15 And again, this is mid '16.

16 Multiple witnesses working without physician
17 supervision on 2 of 27. Multiple witnesses reporting
18 Young worked without physician supervision.

19 And then that last sentence of that working
20 without physician supervision, his explanations of why
21 these two people that were supposedly supervising him
22 conflicted with those physician's explanations.

23 And do you recall what those physicians told you
24 about supervising Mr. Young?

25 A. To the best of my recall, they were concerned about

1 his practice --

2 Q. Okay.

3 A. -- and the prescribing of controlled substances.

4 Q. Okay. And do they dispute his time line of when
5 they were supervising him?

6 A. Yes, sir.

7 Q. For example, Mr. Yogesh is one of the precepting
8 physicians that is interviewed, right?

9 A. Yes, sir.

10 Q. And does he say, and you reflect this in your
11 report, that he came in once to enter into the agreement.
12 And then he came in a second time to review charts. And
13 based on what he saw, he withdrew immediately?

14 A. Yes, sir.

15 Q. Is that right?

16 A. Yes, sir.

17 Q. And then if you go inappropriate and/or excessive
18 prescribing of controlled substances.

19 I won't read all through this. But that, that
20 first sentence, j. Young reported no patient received
21 more than one narcotic concurrently for pain. And he
22 never ordered two or more Schedule II controlled
23 substances concurrently.

24 You say, this conflicted with documentation found
25 in multiple medical reports.

1 If what we're concerned about with today is not
2 the prescribing of opioids, because Mr. Young can't do
3 that any more, but instead Mr. Young's veracity, his
4 ability to tell the truth about what he is doing and what
5 he plans to do when it comes to persons who are
6 supervising him, is it consistent with your report here
7 that he tells the truth under circumstances like that?

8 A. I would say that the information he provides is not
9 supported by documentation.

10 Q. And does that happen over and over and over again
11 in these investigations?

12 A. It has happened multiple times, yes.

13 Q. Has that happened just to you, or has it happened
14 to other investigators that you're aware of?

15 A. Other investigators have come to me with those
16 concerns when they've done investigations also.

17 Q. Because something like prescribing more than one
18 narcotic concurrently, that's something that you can just
19 look up. Right?

20 A. Yes, sir.

21 Q. And with obtaining a urine drug screen at least
22 every other month. And if illicit substances -- and I'm
23 reading from the same paragraph now a little more toward
24 the bottom.

25 If illicit substances were found in the drug

1 screen, the patient was fired immediately.

2 Was that true?

3 A. When I reviewed the medical records, the
4 documentation and medical records did not support that
5 statement.

6 Q. That was demonstrative false actually, right?

7 A. It would appear so, yes, sir.

8 THE COURT: Excuse me. The information
9 that the patient was -- what was you're saying was false?
10 What was the indication that you drew from that was
11 false?

12 THE WITNESS: The medical records
13 documentation did not reflect that he consistently
14 obtained urine drug screens at least every other month.

15 THE COURT: Okay.

16 THE WITNESS: And every file reviewed with
17 the exception of one, had inconsistent urine drug
18 screens. And that file had only one urine drug screen.

19 THE COURT: Okay.

20 BY MR. PENNEBAKER:

21 Q. So then we go down. And this is on page three,
22 that first full paragraph, J. Young reported.

23 He reports that he's going to fire patients from
24 his practice for CSMD reports showing doctor shopping.

25 And that wasn't true, was it?

1 A. No, sir.

2 Q. And so that -- there is a very important sentence
3 also that kind of goes to what I'm talking about. The
4 fourth line down in the middle.

5 J. Young reported that he did not obtain
6 controlled substance contracts.

7 A. Correct.

8 Q. Correct? I mean, that is actually what he said to
9 you in the English language. I do not do that.

10 A. Yes, sir.

11 Q. Which is the opposite of I do do that with every
12 patient.

13 A. Yes, sir.

14 Q. Okay. And now I want to go to the sworn testimony
15 that he gave in his medical board deposition a few years
16 later.

17 THE COURT: What exhibit are you going to?

18 MR. PENNEBAKER: This is Exhibit Z, Your
19 Honor.

20 THE COURT: Okay. What page?

21 MR. PENNEBAKER: That would be --

22 BY MR. PENNEBAKER:

23 Q. And while I'm looking for this, Ms. Pickering, I'm
24 going to ask you about -- if you turn to page four of 27.
25 I'm sorry to have y'all flip around. I just don't want

1 to have you waiting here while I'm locating this tab.

2 But the page four of 27, Exhibit N.

3 There is a -- would you read the whole paragraph
4 about Botox parties.

5 A. J. Young confirmed hosting a Botox party at
6 PreventaGenix on 2/11/16, and reported he had hosted
7 another one since then. Reported alcohol was served on
8 the premises at that party. Informed consents were
9 obtained from the patients.

10 Alcohol was not served to the patients until after
11 the informed consents were signed. He kept a roster of
12 the attendees. He was the only provider. Medical
13 records were kept on the individuals receiving the Botox.

14 He stated that the supervising physician would
15 have reviewed those records if they were pulled for the
16 random pull of medical records to be reviewed.

17 I obtained from J. Young/PreventaGenix, a
18 certified copy of the roster for that Botox party.
19 Copies of Facebook postings advertising the Botox party
20 were downloaded from the Internet.

21 Q. Okay. So now flipping back to Exhibit Z. And
22 let's start with page 127, please. Actually, let's do
23 138 -- I'm sorry, 137 in the middle at line 14.

24 Will you read from line 14, Ms. Pickering, to the
25 following page?

1 A. This is 137?

2 Q. This is 137, at line 14.

3 A. Question. Okay. Do you -- you said you don't
4 prescribe marijuana. Do you ever suggest that your
5 patients take marijuana?

6 Answer. No, I do not.

7 Question. Or smoke it, I should say, or whatever.
8 Do you partake in the drug?

9 Answer. I do not.

10 Question. You never would at the office?

11 Answer. Of course not.

12 Q. Ms. Pickering, can I just pause. I just want to
13 stress to the Court.

14 Under oath. Do you partake in marijuana?

15 No, I do not.

16 That's just a very relevant lie, frankly, for the
17 evidence that would come in shortly.

18 But, okay, go ahead, Ms. Pickering. I'm sorry.

19 A. Question. Do you ever drink at the office?

20 I have after hours.

21 Ever with patients?

22 After hours. No, not patients.

23 Q. Okay. Now I want to stop you for just a second.

24 Because didn't you just read from your report that

25 Mr. Young admitted to you that he served alcohol at

1 PreventaGenix on February 11th of 2016, and that informed
2 consents were obtained from the patients? And, of
3 course, they were not served with alcohol until after
4 they signed their consents.

5 But is that consistent with this statement under
6 oath that he gives two years later that, no, I would
7 never drink with my patients?

8 MR. FERGUSON: Judge, I'm going to object
9 to that. That's a mischaracterization of the sworn
10 testimony.

11 The question preceding that is, have you
12 ever drank at the office?

13 The questioning is designed to elicit
14 whether or not he drinks at the office, not whether or
15 not patients were fed alcohol at the --

16 MR. PENNEBAKER: Well, actually, no.
17 Question two, page 138, line two.

18 Ever with patients, question mark.

19 Answer. After hours. No, no, not
20 patients.

21 THE COURT: Well, possibly unclear. It
22 could be, did he have a drink with them.

23 MR. PENNEBAKER: Oh, maybe he's specifying
24 that he -- he never drank after hours. Maybe he did
25 drink on the weekends or during the day with patients.

1 That's a -- okay.

2 THE COURT: Whatever.

3 BY MR. PENNEBAKER:

4 Q. Okay. So regardless. Let's look at 140, please.

5 I'm sorry. I asked you to read to line 11. And
6 I'll just go ahead and read it in.

7 What if a patient comes in with cocaine in their
8 system and that shows up in the blood test?

9 They are fired.

10 And then he says, I don't know that it was one
11 strike and you're out, but they were probably counseled.
12 They were let go. For the most part they were let go.

13 Definitely if, you know, an illicit drug. Yeah,
14 they were probably let go on site.

15 Is that consistent with the record that you
16 reviewed?

17 A. It's not consistent with the records I reviewed, to
18 my recall.

19 Q. Okay. And then I would like to turn you to page
20 140 of the deposition. And right after in line 9, where
21 he is asked about pill counts. And that's one of the
22 things that is kind of the recommended practice for
23 controlled substance --

24 A. Yes, sir.

25 Q. -- prescribing, correct?

1 He says, no, not routinely.

2 And then he says, but -- if you would read that
3 please, on line 11.

4 A. But everybody had a narcotic contract on their
5 chart if they were on any sort of controlled substance.
6 They had a, you know, a typical, you know, narcotic
7 controlled substance, you know, contract that they would
8 have to sign.

9 Would they sign that before you ever initiated?

10 Yes. Therapy, yes. That was part of the intake
11 on any, you know, stack of paperwork that they were
12 given.

13 Q. Okay. And so that is, once again, upside down and
14 opposite from what you were told, that I do not get
15 controlled substance contracts on my patients.

16 A. Yes.

17 Q. Can both of those things be true?

18 A. No.

19 Q. Now there is another statement -- and since we're
20 in the neighborhood of the deposition, there is another
21 statement on page 127. It looks like at line 13 on 127.

22 He's talking about -- you can see the top of the
23 page. He's listing his supervising physicians.

24 Alston, Alperovich, Yogesh, Rudin --

25 THE COURT REPORTER: Wait, wait, wait.

1 MR. PENNEBAKER: I'm sorry. That's
2 A-L-S-T-O-N.

3 THE COURT: She wants you to slow down.

4 MR. PENNEBAKER: And then Alperovich,
5 A-L-P-E-R-O-V-I-C-H.

6 THE COURT: What page are you reading
7 from?

8 MR. PENNEBAKER: 127, Your Honor.

9 THE COURT: 127.

10 MR. PENNEBAKER: Line one to two.

11 THE COURT: Thank you.

12 MR. PENNEBAKER: And Yogesh, Y-O-G-E-S-H.

13 And then Rudin, R-U-D-I-N.

14 BY MR. PENNEBAKER:

15 Q. Then, Ms. Pickering, would you read line 13?

16 A. So do you have proof of any of that? Would you
17 have paperwork signatures?

18 Answer. I would. I have signatures. I mean,
19 there is signatures or the chart. I mean, these guys --
20 I mean, can we not ask the doctors? I mean, those --
21 there is none of those guys that would deny precepting me
22 during those periods of time.

23 During those time periods did you have the
24 supervising physicians review 100 percent of your
25 controlled substance --

1 Yes.

2 -- charts.

3 Yes. Yes.

4 Q. And then the next page.

5 A. And, I mean, like I said, I'll be more than happy
6 for you to interview or call, or however we need to do
7 it, for those guys. But that is the time line.

8 And then the question was. And you never went
9 months without a supervising physician?

10 Answer. Never. I never went a day without a
11 supervising physician. That's where the Yogesh thing
12 came in. Because Alex was like, I just can't do it, I'm
13 too busy.

14 Q. Okay. Two part question.

15 Number one, in the medical charts that you have
16 seen provided to you by PreventaGenix, did you see that
17 every controlled substance chart was signed off by a
18 supervising physician?

19 A. To my recall, I did not.

20 Q. In fact, isn't it true that most of the charts were
21 not signed by a supervising physician?

22 A. To my recall that is what it reflected.

23 Q. And so less than half is less than 100 percent, as
24 you testified under oath on page 127, correct?

25 A. Yes, sir.

1 Q. And there is a invocation in this setting where the
2 supervising physicians are not there to testify, hey, we
3 could just ask these guys. Right?

4 A. Yes, sir.

5 Q. You did ask those guys, right, Ms. Pickering?

6 A. Yes, sir.

7 Q. And what conclusion did you come to after talking
8 to them and getting their story and then hearing
9 Mr. Young's story?

10 A. The information he provided, as I documented in my
11 report, conflicted with the information they provided.
12 They reported concerns regarding controlled prescribing
13 practices. They did not tell me they were too busy or
14 they had other commitments.

15 Q. And then on page 143 -- actually, it is 142, we
16 talk about -- down at 19. Line 19 on page 142.

17 How often do you do urine drug screen?

18 Every time.

19 Is that consistent with your review of the files?

20 A. No, not consistent with the medical records that I
21 reviewed.

22 Q. And is it consistent, now on page 143, line one,
23 the sworn testimony that, as well as pulling the CSMD
24 database was printed off and put on their chart every
25 time?

1 A. I did not see one on their chart every time.

2 Q. Did you even see a chart for every patient that you
3 asked for?

4 A. I believe there were some charts that were not
5 provided.

6 Q. Okay. Any explanation for why that was?

7 A. Not to my recall.

8 Q. So now I want to take you back to Exhibit N.
9 Because we've got working without physician
10 supervision on page two.

11 Inappropriate prescribing of controlled substances
12 on three.

13 THE COURT: What tab?

14 MR. PENNEBAKER: That is tab N, like
15 Nancy.

16 THE COURT: Okay.

17 BY MR. PENNEBAKER:

18 Q. And it looks like -- and we just left off on page
19 four with Botox parties. And then we've got the
20 revitalize hydration clinic. And I don't need you to
21 read it.

22 But what do you remember about the revitalize
23 hydration clinic that Mr. Young was running at the time?

24 A. I do recall that he confirmed on direct questioning
25 that he would provide a 10 percent discount on that

1 therapy if the patient brought in a tab or a receipt from
2 a bar.

3 Q. Clothing, on the next page, sold or worn by
4 PreventaGenix staff.

5 A. He reported selling hoodies with a GAF logo. And
6 posting photos of those hoodies on the PreventaGenix
7 Facebook site.

8 He denied that GAF meant give a F-U-C-K.
9 According to him it meant, we get all the facts.

10 Q. That's what he told you when you asked him
11 directly --

12 A. Yes, sir.

13 Q. -- does that mean we give a F?

14 A. Yes.

15 Q. Which in your investigation you came to learn was
16 actually --

17 A. That's what multiple people had told us, yes.

18 Q. And that's, in fact, the way that Mr. Young talked
19 about it, advertised it on social media and things like
20 that?

21 A. (No verbal response.)

22 Q. If you don't know, you don't know. We can cross
23 that bridge with another witness, so I will withdraw that
24 question.

25 But what he told you, in any event, was it means

1 we get all the facts, for Ms. Pickering, that's what WGAF
2 was?

3 A. Yes, sir.

4 Q. Okay. And now you're addressing obscenities,
5 obscene gestures, sexual comments remarks posted on
6 Facebook. And he confirmed that he was like referring to
7 himself as the Rock Doc and Doc Hollywierd. And he
8 admits that some of his patients refer to him as a
9 physician.

10 He denied posting nude photos, making sexual
11 innuendoes or remarks, posting photos of himself drinking
12 or making obscene gestures or remarks on his
13 PreventaGenix Facebook site. But we've already seen all
14 of that, except the nude photos.

15 Unless you think that the ghost picture that he
16 posted is -- I mean, if you think that that falls into
17 that category, then we have seen all of that stuff.
18 Right?

19 A. I believe you have seen all of that stuff. That's
20 my belief.

21 Q. And then there is also something about he's
22 dispensing medications right out of his office without
23 being appropriately credentialed to do that. Right?

24 A. I did ask him about Phentermine. And he said he
25 believed he was registered to dispense with the Board of

1 Pharmacy. I requested documentation of his registration.

2 And I was provided with a copied e-mail from
3 Adarex (phonetic) that stated they could find no
4 reference for any requirement for them to register.

5 Q. Then at the end on page 23, that very last
6 paragraph, it's a witch hunt. Right? This is
7 harassment. It's taking time out of the practice.

8 A. Yes, he stated it was harassment.

9 Q. Constant harassment from the board.

10 A. Yes, sir.

11 Q. Wanted to file some sort of complaint, I guess, on
12 the board.

13 Let's look at O really quickly. I want to direct
14 you to page three.

15 So this is a May 3rd, 2016 report. And I think
16 you even mention it in the one that we were just looking
17 at.

18 A. Yes, sir.

19 Q. So this is -- the board is aware of this --

20 A. Yes, sir.

21 Q. -- obviously.

22 If you look at the third page. Let's see how many
23 units of Alprazolam, which is a benzodiazepine,
24 Hydrocodone, Oxycodone that he's dumping out on to the
25 streets of Jackson, Tennessee, and it turns out the

1 contiguous and even further counties. Because people
2 come and see him, right, from all around?

3 A. Yes.

4 Q. And he told you that, didn't he? That is in one
5 of your reports.

6 A. Yes, sir, that is in my report. Yes, sir.

7 Q. Okay. So it looks like -- and by the way, what
8 is -- when you combine Alprazolam, Hydrocodone and
9 Carisoprodol, what is that called?

10 A. It's referred to as the holy trinity.

11 Q. Is that because it's a cocktail of abuse?

12 A. It has been, yes, sir.

13 Q. And what does the FDA and the CDC say about
14 prescribing those things together?

15 A. They recommend that they not be prescribed together
16 due to the potentiation of a fix, increase of the
17 possibility for respiratory depression and evidence of
18 death.

19 Q. And it quadruples actually if you mix even a opioid
20 and a benzodiazepine, right?

21 A. Yes, sir.

22 Q. Right. So opioids include the Hydrocodone and the
23 Oxycodone. The benzos include the Alprazolam and the
24 Clonazepam.

25 I mean, we're talking about hundreds of thousands

1 of dosage units in one year.

2 Is that normal for a family practice doctor? And
3 I'm talking about a physician now.

4 A. The quantities were larger than many of the
5 investigations that I conducted.

6 Q. Yeah. It looks like in the, on the first page,
7 Office of Inspector General is reporting that we are
8 looking at a high number of controlled substances
9 prescriptions written.

10 Mr. Young admits during his deposition, so I don't
11 think this is disputed, that he has no certification in
12 pain management.

13 A. Correct.

14 Q. And, in fact, he's got no -- nothing other than
15 kind of on-the-job and self-study and maybe some
16 continuing medical education, he's got no expertise in
17 pain management.

18 A. That's my understanding, yes, sir.

19 Q. So, in fact -- I mean, does that suggest to you,
20 those numbers that are high enough for OIG to flag it, is
21 that something that is a witch hunt? Does that sound
22 like witch a hunt to you?

23 A. No, sir. We don't get reports from the Office of
24 Inspector General unless they're concerned.

25 Q. Okay. And the -- something like the controlled

1 substance monitoring database, kind of compendium of the
2 data like that, analysis and data, that's just an
3 analysis of data, right?

4 A. Yes, sir.

5 Q. You can't have an agenda if you've got, hey, this
6 is your prescribing of --

7 A. It's just an analysis of data.

8 Q. Okay. So all of this, again, two years prior to
9 the board entering the agreed order -- and by the way,
10 before we leave this, I've just got to mention this.

11 What is the number one product prescribed by Jeff
12 Young in this 2015 document?

13 A. Alprazolam.

14 Q. Is he still able to prescribe Alprazolam today
15 right now, one of the members of the holy trinity, under
16 the board order?

17 A. Yes, my understanding that he is.

18 Q. Okay. And Clonazepam is another one, number four.
19 That's another one that he can still write today?

20 A. Yes, sir.

21 Q. And he's not a psychiatrist or a psychiatry nurse
22 that you know of, is he?

23 A. Not to my knowledge, no, sir.

24 Q. Okay. Now I think we can just skip P, because
25 that's just about him.

1 Well, I mean, I think this illustrates the type of
2 person that we're dealing with. So let's -- this is an
3 interview with G. Dardy, RN, on August 2016, once again,
4 and the medical board, in the records that we got from
5 the Office of General Counsel.

6 He comes in for some procedure --

7 THE COURT: Where are we now?

8 MR. PENNEBAKER: This is just right on P,
9 Exhibit P.

10 THE COURT: Okay. Thank you.

11 BY MR. PENNEBAKER:

12 Q. And he is referring to, refers to race, refers to
13 the race of the person that's taking him in. And then he
14 talks about how Christy, his office manager, says that's
15 my bitch. And this is in a medical facility.

16 He asks the person at the front desk to get on the
17 desk and do it with him. And then Dardy, who is the RN,
18 if you turn to the second page, Dardy reported that Young
19 said he had been drinking alcohol until 2:00 or 3:00 a.m.

20 But Dardy is of the mind that it's hard to
21 determine whether he's on something or whether this is
22 normal behavior, right?

23 A. That's what is documented, yes, sir.

24 Q. Do you see that?

25 A. Yes, sir.

1 Q. And that brings us to Q, which is a very -- I would
2 image that as the investigator you find this troubling,
3 right?

4 A. Yes, sir.

5 Q. And I'm going to go with a factual summary so that
6 I can get on with it.

7 But who are the NXXXX?

8 A. The NXXXX are a family who, they lived in Ohio.
9 The father of Mr. NXXX I believe is the one who actually
10 filed this allegation because he was concerned about the
11 controlled substances prescriptions that they were
12 receiving from Mr. Young and that they were driving from
13 Ohio to Mr. Young's clinic in Tennessee.

14 Q. Okay. And you mentioned -- so his concern was that
15 his son was doctor shopping and was getting medication he
16 didn't need.

17 A. Yes, sir.

18 Q. When you checked out -- and I'm just going to ask
19 you to kind of summarize, because I want to try to move
20 forward.

21 When you checked out whether the NXXXX -- and this
22 is a whole family, husband, wife and 14 year old
23 daughter. Right?

24 A. A minor child, yes, sir.

25 Q. When you -- and by the way, I've been using the

1 name of the patient. It's DN, RN and MN, for the record.
2 That was inadvertent.

3 When you checked out what those people were being
4 prescribed, and compared that to their medical records,
5 did those things match up?

6 A. No, sir. They were inconsistent drug screens where
7 D NXXX took more medicine than was prescribed. He
8 violated his opiate pain management agreement, and he was
9 continued to be prescribed controlled substances.

10 Hydrocodone dosage was increased on multiple
11 visits. It did not reflect referrals to mental health or
12 orthopaedics; although, he had diagnoses of back pain,
13 knee pain and anxiety.

14 There were no records from prior providers. There
15 were no results of radiology testing.

16 Q. Okay. And then the second part of this
17 investigation, as we see on, starting kind of around page
18 21 of this same report.

19 You've got a pharmacist, Mr. Crow, who is giving a
20 statement.

21 Do you remember talking with him?

22 A. Yes, sir.

23 Q. When you spoke with Mr. Crow, did he recount for
24 you an incident where Mr -- it's MY, right?

25 A. Yes, sir.

1 Q. Where MY, who was a patient of Mr. Young's, had
2 done some alarming things?

3 A. Yes, sir.

4 Q. And would you just briefly tell the Court what
5 happened with MY?

6 A. MY called the pharmacist to report that he had
7 ingested 70 Ativan pills without affect.

8 THE COURT REPORTER: Antivan?

9 THE WITNESS: Ativan, A-T-I-V-A-N.

10 He asked if it was sugar pills, rather
11 than placebos, rather than actual Ativan. And the
12 pharmacist showed him the stock bottle of Ativan and
13 assured him the medication he was given was Ativan.

14 The pharmacist reported that to Mr. Young
15 office.

16 BY MR. PENNEBAKER:

17 Q. Okay. So he's alerted, Mr. Young, that this
18 patient of his is calling in and saying I took 70 --
19 that's seven zero, correct --

20 A. Yes, sir, seven zero.

21 Q. -- Ativan?

22 And there is, the third paragraph from the bottom.
23 Mr. Crow reported that YXXXXX filled additional
24 prescriptions written by Mr. Young. Lists some of them.
25 He was concerned by the trinity meds that we talked

1 about, right?

2 A. Yes, sir.

3 Q. Did he specifically name that?

4 A. Yes, sir, he did.

5 Q. So he says that Mr. YXXXXX had called him asking
6 for injectable Fentanyl?

7 A. Yes, sir.

8 Q. What ended up happening to Mr. YXXXXX that you were
9 investigating?

10 A. Mr. YXXXXX was found dead in his bed at his home by
11 his wife.

12 Q. Okay. And what was concerning to you about the
13 circumstances of that death?

14 A. Mr. YXXXXX was found with a syringe underneath his
15 pillow. There were multiple other syringes in the home.
16 Some were filled, some were not.

17 There were needle marks, track marks on his feet,
18 arms and legs. There was no police report or incident
19 report made. The coroner or medical examiner did not
20 come to the home, did not examine him. There was no
21 autopsy ordered. There was no blood sent in to be
22 tested. So those were some of the issues that concerned
23 me.

24 There was also a notation in a medical record from
25 the emergency room where Mr. YXXXXX had been, that he

1 told them that he would rather be dead than to continue
2 to suffer the pain that he was suffering. And that they
3 had reported it to Mr. Young's office --

4 Q. I'm sorry to stop you. I apologize.

5 How long before he died was that, was that
6 notation, if you remember?

7 A. I don't remember exactly, but it was not very long.

8 Q. So the recent -- he went to the hospital saying I
9 don't want to live. The hospital record indicates they
10 told Mr. Young.

11 And then did you find something suspicious in Mr.
12 YXXXXXX medical records that you didn't expect?

13 A. I found something I didn't expect. I did find a do
14 not resuscitate order --

15 Q. Okay.

16 A. -- that was signed by Mr. Young. Mr. YXXXXXX did
17 not have a terminal diagnosis.

18 So I did question Mr. Young as to whether he did
19 sign that.

20 Q. And why -- was that alarming to you that you found
21 a do not resuscitate order in a patient that did not have
22 a terminal diagnosis?

23 A. It was confusing to me. Normally the patient has a
24 terminal diagnosis, and this gentleman did not.

25 Q. Okay. Did his wife say -- did MY's wife say

1 anything about do not resuscitate orders?

2 A. She said that she had been asked to sign one for
3 him and that she refused.

4 Q. Okay. And that was around the same time that he
5 seems to have gotten one from Mr. Young?

6 A. Yes, sir.

7 Q. Now when you look -- when you asked Mr. Young about
8 the do not resuscitate order, did he deny it at first?

9 A. Yes, sir. I asked him three times. He denied
10 each time.

11 Q. Okay. And then what happened when you showed it to
12 him?

13 A. He became visibly angry.

14 Q. Okay. And I want you to look at page 22 of 32,
15 paragraph 7, the 3rd paragraph down.

16 A. Yes, sir.

17 Q. You say, Mr. Young reported that the investigations
18 of him were a concerned effort by a few to cause him as
19 much grief as possible.

20 We've heard that one before, right?

21 A. Yes, sir.

22 Q. And then Mr. Young reported that Investigator
23 Pickering had been personally named in the tabloids, so
24 they knew what was going on.

25 A. Yes, sir.

1 Q. Wait. What? What did you take that to mean?

2 A. Honestly, I felt it was a form of intimidation.

3 Q. Okay. Are you used to being intimidated when you
4 interview people?

5 A. No, sir.

6 Q. And I want to go over to, I want to go over to page
7 26 of 32. And that first full paragraph at the top,
8 Mr. Young again.

9 So this is after you have essentially presented
10 him with the do not resuscitate that he signed that he
11 thrice denied signing, correct?

12 A. (No verbal response.)

13 Q. And would you read what you wrote there? Mr. Young
14 again.

15 A. Mr. Young again asked this investigator if she knew
16 that she was mentioned personally in local tabloids. Told
17 this investigator that she had been named particularly
18 and that she was mentioned in those tabloids as Ms.
19 Shirley.

20 I did not comment on this question by Mr. Young.

21 Q. Ms. Pickering, how did you feel after the second
22 time that he reminds you that people know who you are and
23 calls you by Ms. Shirley?

24 A. I was disturbed by that and I did feel a little
25 bit -- very uncomfortable.

1 Q. And did you feel so uncomfortable, in fact, that
2 you started to carry a weapon on you, a gun, that you had
3 not carried on you prior to this interview?

4 A. I did have a gun at my home, yes, that I did.

5 Q. Okay. And was that a result of the feeling that
6 you had when you left this interview, or like the
7 cumulative effect of some of other things that started to
8 happen to you at this time?

9 A. That, along with things that were posted on social
10 media, some of the behaviors exhibited by Mr. Young. It
11 was a cumulative effect of things. Yes, I was fearful.

12 Q. Okay. And did you get -- have you gotten a sense
13 from the other investigators about how they feel as far
14 as their personal security when it comes to Mr. Young and
15 investigating cases into him?

16 A. My investigators have come to me and they have
17 expressed concerns for their safety. They have expressed
18 that people have told them they are fearful, when they
19 try to interview individuals, that they are fearful of
20 Mr. Young, or people that know Mr. Young.

21 Q. Right. And I want to ask you about something that
22 you told me when we met earlier about your son.

23 Well, first of all, about people coming to your
24 house, being in your yard, you getting strange phone
25 calls.

1 I mean, can you just give the Court a summary of
2 what started to happen to you around this time?

3 A. Around this time I did begin to get hang ups. I
4 began to get phone calls that were whispers, couldn't
5 understand what they were saying.

6 There was an occasion when I came home alone,
7 there was no one in my house, it was very dark. Got out
8 of the car, and there was someone in the end of my front
9 yard.

10 I did run in. Called my son. He came over. By
11 that time they had left.

12 I have had multiple occasions when I would come
13 out -- I failed to lock my car when I went to sleep. I
14 would come out the next morning, my car doors would all
15 be standing open.

16 Then the final occasion was my son was actually at
17 the home with my husband and myself. And we did hear
18 someone outside. We went out. We saw them running
19 across our yard into -- our yard is boarded by woods.
20 They did run away into the woods. My son did have a gun.

21 And again, that was very concerning to me.

22 Q. And, Ms. Pickering, I'm sorry to ask you this,
23 because it's a personal question, but it's relevant.

24 Do you feel safe with Mr. Young being out there
25 and knowing that you have testified today?

1 A. I am very nervous about it, honestly. Not only
2 about Mr. Young, but about people that Mr. Young may
3 know.

4 Q. Right.

5 A. I am concerned, yes.

6 Q. Have you seen gang ups of Mr. Young's, I sometimes
7 call them the Rock Doc disciples or his, the people that
8 associate with him and defend all of his actions, have
9 you seen gang ups on witnesses --

10 A. I have seen multiple media postings where that has
11 happened, yes.

12 Q. Okay. And does that include, for example,
13 Mr. Young's ex-wife, an image appearing of her nude on
14 line that was attributed to either him or his, people
15 he's affiliated with?

16 A. Yes, sir. I did see a posting where one of his
17 friends threatened to take care of someone in the old
18 Mafia style.

19 Q. Okay. And what about -- are you aware that Uncle
20 Kevin, who we were talking about earlier, was arrested
21 for threatening a life of a DEA agent?

22 A. Yes, sir.

23 Q. And DEA was investigating Mr. Young, correct?

24 A. Yes, sir.

25 Q. Now before I get to the most current

1 investigations, I want to -- the board is also aware and
2 has been aware, correct, that Mr. Young has been arrested
3 for assault previously. Correct?

4 A. Yes, sir.

5 Q. At least assault on his ex-wife in Florida in 2011.
6 And then there is another instance where he was arrested
7 for assault in Memphis.

8 A. Yes, sir.

9 Q. Are you aware of that?

10 A. Yes, sir.

11 Q. And I want to show you something that was an
12 e-mail, but appears to have been sent to you. Because I
13 think this drives the point home.

14 And this is Exhibit U. And it says, Ms. Alcock
15 and Ms. Pickering, and that's the attorney and yourself.
16 And this is from Dawn Young. I mean, no doubt about it.
17 This is from the head witch hunter, or whatever.

18 But be that as it may, right, we're going to let
19 the thing speak for itself.

20 But the context we get here on July 1, 2018. So
21 before the board order comes out. Still time not to
22 allow this man to continue to practice.

23 So she says, he was arrested, Young was arrested
24 for assaulting this woman. And they've had 22 resets of
25 the court date. And then at the bottom of the body of

1 the e-mail, she committed suicide, intentional or not is
2 unknown. But she was another patient of Jeff's, who was
3 harassed by him and exploited on social media by him.

4 Right?

5 A. Yes, sir.

6 Q. Her opinion that she was harassed and exploited on
7 social media.

8 However, the attached photo that she got off of
9 social media -- and I just want to put this up here. Is
10 this a picture of Young the night that she was
11 allegedly -- and he disputes this. We know he disputes
12 this.

13 Is this a picture of him pointing down at JXXXXXXX
14 RXXXXX the night that he was arrested?

15 A. It is a picture of him that appears for be a
16 picture of her and he's pointing at her.

17 Q. Okay.

18 A. What it appears.

19 Q. And then if we look down at what he says on social
20 media.

21 This cunt talks about how I won't prescribe her
22 narcotics, all caps.

23 Do you see that?

24 A. Yes, sir.

25 Q. I think I'm just going to let that speak for

1 itself.

2 And she killed herself, right?

3 A. That's my understanding, yes, sir.

4 Q. And there are more instances. For example -- and
5 this is just another e-mail that I don't --

6 MR. PENNEBAKER: It's in the exhibits,
7 Your Honor, but I don't know exactly where it is.

8 BY MR. PENNEBAKER:

9 Q. But this is another e-mail where you have somebody
10 e-mailing you.

11 I just wanted you to know that on Topics my life
12 was threatened. And they had a field day calling me
13 names, making fun of me. I'm 99 percent sure, well
14 actually 100 percent, it's Jeff telling people what to
15 post.

16 We couldn't get an order of protection because we
17 were never intimate, says the DA.

18 And the reason I put this up here is not to have
19 you vouch for the veracity or it or anything, but just --
20 I'm trying to illustrate the volume of these kinds of
21 complaints and allegations that are so much, it appears,
22 that the board doesn't even have them all investigated,
23 right?

24 A. Yes, sir. That was forwarded on to the board.

25 Q. Right. This one was.

1 But, I mean, this is just -- and the -- I know
2 that this is getting redundant, so I'm going to wrap it
3 up.

4 Here's another, here's another post that was sent
5 in to the board.

6 THE COURT: Is this another tab somewhere?

7 MR. PENNEBAKER: Your Honor, I might have
8 to add this one page as an exhibit. Because this is part
9 of -- and we got sort of the medical board records in
10 various states of undress. So this is a supplemental
11 production.

12 THE COURT: All right.

13 BY MR. PENNEBAKER:

14 Q. What you see here is -- this is associated, though,
15 with file 201500686. That looks like this is a second
16 installation.

17 But here we've got Jeff Young once again on
18 Facebook.

19 And he says, unfriend me or whatever, but
20 attacking my children is completely acceptable. And I
21 will kill a mother fucker. You heard it here first.
22 JPD, something, P, sheriff's department, DA office, I
23 don't give a fuck.

24 If I find out what son of a bitch is attacking my
25 children on Topics, I will kill them. Confession signed.

1 Be very afraid. Et cetera, et cetera.

2 Doctor, nurse practitioner, Rock Doc Young on
3 social media announcing to the world that he will kill a
4 mother fucker. Right?

5 A. That's what it says, yes, sir.

6 Q. And this is something that is in a file with a
7 compliant number 2015?

8 A. Yes, sir.

9 Q. Okay. The last thing I want to talk to you about
10 is we've got two complaints that postdate the order.
11 Again, just to summarize.

12 So the board at this point, at the time that it is
13 determining what conditions to put on this man, whether
14 or not to take his license, they know that, or have
15 credible allegations, photos, just a mass of evidence,
16 whether it's all a witch hunt or not, right, a lot of it
17 photographic with his own words.

18 They know that he has been arrested for assault,
19 correct?

20 A. Yes, sir.

21 Q. And this is during the pendency of the
22 investigation?

23 A. Yes, sir.

24 Q. They know that he has prescribed medications on
25 countless -- I don't want to say countless, because

1 that's -- I don't want to have anybody take issue with
2 that.

3 On numerous occasions he's prescribed medications
4 where there is no documentation to suggest that he even
5 has a patient relationship with the person, right? There
6 is no medical file.

7 A. Yes, sir.

8 Q. And that his controlled substance prescribing is
9 high?

10 A. Yes, sir.

11 Q. And that he threatens people on social media?

12 A. Yes, sir.

13 Q. And that his conduct on social media is unbecoming
14 of a medical professional --

15 A. Yes, sir.

16 Q. -- correct?

17 I mean, there actually is an admonition that he
18 gets. Remember this one. Where it's a Facebook -- the
19 admonition is, hey, we got wind of you making threats on
20 Facebook. This is an admonition that will not be made
21 public.

22 I think that's maybe complaint seven or something
23 like that --

24 A. Yes, sir.

25 Q. -- out of a dozen or more.

1 So all of this.

2 And not only that, but Tylenol with Codeine, which
3 by the way, Tylenol III. That's not cough syrup --

4 A. No, sir.

5 Q. -- right?

6 No. That's a pill. That's Tylenol III. And he
7 can also prescribe cough syrup with Codeine, an opiate?

8 A. Yes, sir.

9 Q. Schedule II, III, XVII, I, does not matter, right?
10 Those are opioids.

11 Are those known drugs of abuse, both of them?

12 A. Yes, sir.

13 Q. And he can still prescribe those.

14 And opioids are totally the reason that he was
15 before the board, or one of the many.

16 Then he can still prescribe benzodiazepines. We
17 saws those in there over and over again. That's part of
18 the trinity.

19 A. Yes, sir.

20 Q. He can prescribe testosterone still. There was an
21 un-investigated, apparently, complaint about him shooting
22 up the high school football team. Right?

23 A. Yes, sir.

24 MR. FERGUSON: I object to that. It's a
25 mischaracterization. That never --

1 MR. PENNEBAKER: I will withdraw the
2 characterization.

3 BY MR. PENNEBAKER:

4 Q. But there it was. The medical board certainly
5 didn't investigate it, did they?

6 A. No, sir, not to my knowledge.

7 Q. Okay. And so in spite of all that, he gets to go
8 out, and with a suspend license and a precepting
9 physician in Chattanooga, by the way. So supervising
10 physician is in Chattanooga, Tennessee, five hours from
11 here.

12 A. That's my understanding, yes, sir.

13 Q. So now he's practicing. And he's able to, and
14 actually to this day writing prescriptions for
15 benzodiazepine and testosterone.

16 A. Yes, sir, that's my understanding.

17 Q. And we'll see some of the PNP on that later.

18 Now we've got two investigations that were open in
19 2019, correct?

20 A. Yes, sir.

21 Q. One of those investigations involved -- and that is
22 another investigator, not you, that's working on those?

23 A. Correct.

24 Q. One of those investigations involved allegations by
25 a former patient that she was raped by Mr. Young, right?

1 A. Correct.

2 Q. And were the allegations there --

3 MR. PENNEBAKER: Your Honor, I want to
4 give you the exhibits here. I believe -- this is R that
5 we're looking at.

6 BY MR. PENNEBAKER:

7 Q. And so after all of the, after all of the evidence
8 is gathered, the report is written, and the investigation
9 file is sent to the board. On March 5th, 2019, so after
10 it leaves the investigator's hands, Mr. Young gets a
11 letter of warning.

12 By the way, still on probation for all of the good
13 stuff back in the Rock Doc days. Letter of warning.

14 And by the way, it's -- we received a complaint
15 alleging that you had inappropriate sexual contact with
16 patients, right?

17 A. Yes, sir.

18 Q. You are admonished that any further conduct of this
19 nature could result in the filing of formal charges.
20 Right?

21 A. Yes, sir, that's what it says.

22 Q. And otherwise, it's confidential and not going to
23 be further disclosed.

24 A. Yes, sir.

25 Q. And I just want to, I just want to point out, that

1 there were former employees, current employees
2 interviewed. Is that correct?

3 A. Yes, sir.

4 Q. And one of the former employees who actually -- one
5 of the former employees, who is not one of the alleged
6 witch hunters, at least not that I've seen so far, is a
7 phlebotomist who worked for him. What did she say about
8 whether or not -- and this is relevant to what is
9 happening now. Now, now. Not at PreventaGenix.

10 This is Genexis, right?

11 A. Yes, sir.

12 Q. And this employee never worked at PreventaGenix,
13 did she?

14 A. Not to my knowledge.

15 Q. So the employee says what about Jeff Young having
16 sex with patients?

17 A. That she heard Mr. Young having sex with patients
18 in the exam room and occasionally in his private office
19 on multiple occasions. And it was obvious because she
20 could hear Mr. Young and the female patient moaning. And
21 that Mr. Young admitted to staff that he was having sex
22 with his patients.

23 Q. And is that consistent with what you now know about
24 what was going on at PreventaGenix?

25 A. That's what the -- some of the types of allegations

1 that were received.

2 Q. And then there is another -- so this is the
3 investigation summary on page two of 16 in this exhibit.

4 Mr. Young denied having a sexual relationship with
5 Ms. HXXXXX, with CH, who is the complainant, correct?

6 A. Yes, sir.

7 Q. And we are going to hear about that. That he --
8 there were multiple witnesses from PreventaGenix and
9 Genexis interviewed that reported that Mr. Young
10 routinely had sex with his patients in exam rooms and his
11 personal office.

12 Do you know if it's appropriate for a medical
13 provider to have sex with patients he's prescribing
14 controlled substances to?

15 A. I believe that is inappropriate to happen.

16 Q. Is that consistent with the notion of consent, that
17 someone in a position of trust and authority over a
18 patient with drugs that they might potentially be
19 dependent on -- is that consistent with what you know
20 about consent?

21 A. No, sir.

22 Q. Now there is a office manager -- and this is --
23 I'll just go ahead and say it for the record, according
24 to Mr. Young's view of the world, the office manager is
25 one of the witch hunters.

1 But she recalls a specific incident with Ms.
2 HXXXXX, that in the third paragraph down in the summary,
3 that she felt might not have been consensual. Because
4 she recalls him having sex with her repeatedly at
5 PreventaGenix.

6 She stated it was close to the end of the day when
7 she noticed Ms. HXXXXX sitting on the couch -- or Ms --
8 excuse me, CH sitting on the couch in Mr. Young's office
9 drinking an alcoholic beverage.

10 CHXXXX stated that she did not feel right. CHXXXX
11 acted like she had been drugged. Mr. Young comes in and
12 has sex with her. And then when he comes out, she is
13 passed out on the couch.

14 She wasn't aware of anybody ever spiking anyone,
15 Mr. Young ever spiking anyone's drink. But she has had
16 woman come up to her and say your boss drugged and raped
17 me.

18 And that's right there in the medical board
19 report, correct?

20 A. Yes, sir.

21 Q. And what was given was an admonition, you really
22 shouldn't be having sex with patients. Correct?

23 A. There was an admonition, yeah.

24 Q. Okay. And the last investigation file that we have
25 here is, I believe, at S. All right.

1 So S. If you look at that, now we've got -- if
2 you look at that first page of S. And it goes on to the
3 second page too.

4 I count one, two, three, four, five, six, seven,
5 eight, nine, ten, eleven, twelve, thirteen is the number
6 of complaints that have been entered. So these are --
7 when it gets a number like that, does that mean an
8 investigation --

9 A. Yes, sir.

10 Q. So 13 investigations since it looks like 2015. And
11 he's still got his license, able to write controlled
12 substances after the agreed board order in November. And
13 now we've got two additional complaints, right?

14 A. Yes, sir.

15 Q. So this one, what is your understanding about what
16 this complaint relates to?

17 A. Violation of HIPAA.

18 Q. Okay. And is that because Mr. Young used his
19 ability to log into the controlled substances monitoring
20 database to access information that he was not entitled
21 to access?

22 A. That was the allegation.

23 Q. And tell -- if you would, please, tell me more
24 about that allegation.

25 A. In that allegation the complainant alleged that her

1 ex-husband, who was a patient of Mr. Young's, accessed
2 the CSMD for information on their children to use in a
3 contested divorce hearing. That he accessed the CSMD
4 without legitimate reason, as her children were never his
5 patients.

6 Q. Okay. So the children are never his patients. And
7 once again -- I mean, this is not a person whose
8 credibility is without stain, if you will. Correct?

9 A. Correct.

10 Q. Can you just give the Court a little bit, just one
11 or two sentences about why?

12 A. CH had been investigated by our boards. And she
13 did receive a disciplinary action.

14 Q. Yes. So this is another provider.

15 A. Yes, sir.

16 Q. And she has been disciplined before. And maybe
17 there is some bad blood or something between her and
18 Mr. Young.

19 But let's just let the computer reflect what
20 really happened, which is -- and I'm not sure which page
21 this is. But this is probably hopefully the last I'll
22 have to do that.

23 So here is the controlled substances monitoring
24 database, what is called a footprint.

25 Will you tell the Court what a footprint means?

1 A. It shows who accessed that database.

2 Q. Okay. And is this Jeff Young, the provider,
3 requesting PNP data on the child of a complainant whose
4 never been his patient, for the period of 6/26/16 to
5 6/26/17. And it looks like this was done 6/26/17 at 2:29
6 p.m.

7 A. That's what it appears.

8 Q. Let's just say for a minute that nurse practitioner
9 Young was just curious. And, in fact, he was not the one
10 who disseminated the results of the child's confidential
11 medical information to someone, because they were going
12 to use it in an adversarial proceeding. Let's just
13 assume for a minute that this was morbid curiosity.

14 Is that against the law?

15 A. You have to have a specific reason for accessing
16 the database. It can't be for curiosity.

17 Q. So regardless of the motive that the witch hunters
18 may be making up, this is not something that you can do.

19 A. Not to my knowledge.

20 Q. Is that an exotic rule or one that is rarely
21 understood or mentioned?

22 A. It's pretty plain. I can access the database. But
23 for me to access it, I have to have a open complaint or I
24 have to have, one of my investigators has to have an open
25 complaint. There is no other reason why I can access it.

1 I can't access it for curiosity or anything like that.

2 Q. Okay. And then lastly, T. Exhibit T.

3 This is an April 13th, 2018 civil contempt order.
4 I'll just represent to you, it's something that the board
5 had, once again, before it decided to allow him to be
6 released on his own recognizance, if you will, and abide
7 by the terms of this agreed order in November of 2018.

8 And this is a civil contempt order from
9 Mr. Young's divorce proceeding with his ex-wife. And
10 this is a Chancery Court finding again and again on
11 ground after ground, that I will not bore you or the
12 Court with, that Mr. Young is not a credible witness,
13 calling into question his candor and holding him in civil
14 contempt on ground after ground after ground. Right?

15 A. Yes, sir.

16 MR. PENNEBAKER: I'll pass the witness.
17 Thank you, Ms. Pickering. I'll pass the witness.

18 MR. FERGUSON: Your Honor, if I may
19 address the Court.

20 THE COURT: Yes, sir.

21 MR. FERGUSON: Coming up on 5:00 o'clock.
22 I was here at 9:00 for Judge Anderson. It's going to be
23 a long drive home. I just got handed just before we
24 started this hearing about 700 pages, which would have
25 been nice to have since we had a two week delay in the

1 filing for this.

2 I know the Court tried to give me as much
3 time as possible. Again, we're not talking about enough
4 time.

5 I do need to review these records. They
6 provide me a copy of them with the purpose of me
7 reviewing them. I've been trying to go through both
8 reading them and listening at the same time. It is a
9 tremendous amount of information to try to go through.

10 Your Honor, this witness has been
11 testifying for four hours, four and a half hours. And I
12 just think it would be appropriate at this time to give
13 the defense a chance to review these records.

14 My short review of them has been
15 statements have been cherry picked. Obviously, I've not
16 had time to go back and establish whether that
17 cross-examination of what the government has presented to
18 this Court, now to properly indicate to the Court or to
19 this witness where those statements are not full and fair
20 recitations of what the facts are and the documents.

21 THE COURT: Well, there are a lot of
22 documents, no question about it.

23 I said there are a lot of documents.

24 MR. FERGUSON: Yes, Your Honor.

25 We're definitely not finishing today. I

1 know that. I've got witnesses that are going to testify.
2 So, I mean, it's not an issue of we are delaying for
3 delay's sake. We're going to be back.

4 THE COURT: Mr. Pennebaker, how many
5 additional witnesses does the government intend to
6 present in this hearing?

7 MR. PENNEBAKER: The government is going
8 to present an agent -- actually, an agent and a nurse
9 with TBI, the Bureau of Investigation, and a fact
10 witness. I anticipate that the three together would take
11 a couple of hours.

12 THE COURT: Well, it's obvious we're not
13 going to be able to finish this today.

14 MR. PENNEBAKER: Yes, Your Honor.

15 THE COURT: And, you know, I think counsel
16 for the defendant is certainly entitled to be able to go
17 through these documents.

18 MR. PENNEBAKER: Well, Your Honor, just in
19 response to that quickly.

20 Number one, these documents that we
21 received from the medical board are documents that we
22 only received -- in large part, we only received them I
23 want to say late last week in many cases.

24 THE COURT: That's more time that this man
25 has had.

1 MR. PENNEBAKER: And that is correct.

2 The second point that I would make is that
3 these were, or should have been part of the record when
4 his licensing hearing was going on, with the exception of
5 the last two investigation documents.

6 So to quote my opposing counsel, he was
7 there, he knew what evidence was before that tribunal,
8 and this is -- he's got years on us, in terms of becoming
9 acquainted with what was going on in the medical board
10 and what kind of evidence they had.

11 So I would just dispute that this is a
12 surprise.

13 MR. FERGUSON: This is, I think, the third
14 time the government has said that they know about what
15 happened in his previous Board of Nursing hearing.

16 MR. PENNEBAKER: No. I said I don't.

17 MR. FERGUSON: Well, you said it was --
18 should have been turned over to me in that -- there are
19 allegations that had nothing to do with the one that I
20 was handling. I've never seen these documents.

21 There are documents in here that are
22 internal documents. This is the first time I've seen
23 these. The deposition back -- obviously, I handled that.
24 The allegations contained within the Board of Nursing I
25 handled we've seen.

1 But this is a widely broadly cast net that
2 had nothing to do with what I handled.

3 THE COURT: How many witnesses do you
4 intend to present, Mr. Ferguson?

5 MR. FERGUSON: Between two and three,
6 possibly four.

7 MR. PENNEBAKER: Your Honor, just to
8 follow up on our phone call that we had earlier today on
9 another matter.

10 My guess is that Mr. Knutson and I could
11 make ourselves available tomorrow by moving some things
12 around and canceling -- we do have travel arrangements
13 and were planning on being out of state. But we would --
14 if the Court is available --

15 THE COURT: Well, that's my problem. I'm
16 committed to a hearing. I've got to be in Memphis by --
17 well, actually, I've got to be there earlier. I've got
18 to be there at 12:30 and I've got a hearing starting at
19 2:00. I don't know how long it's going to last. It's
20 something assigned by Chief Judge Anderson that I had
21 already committed to.

22 And so Wednesday I've got court. Thursday
23 I have two full, well pretty much two full days of court.

24 I know I mentioned something about Friday.
25 But I think you all said you were out of pocket at that

1 time.

2 I could -- my wife is not going to like
3 it, but I could take it up on the 20th, which is a week
4 from today.

5 MR. PENNEBAKER: Your Honor, on Friday --
6 once again, I mean, didn't anticipate, although probably
7 should have anticipated going over and --

8 THE COURT: He's got --

9 MR. PENNEBAKER: That's right.

10 MR. FERGUSON: Root canal.

11 MR. PENNEBAKER: I remember, yes.

12 THE COURT: You know, everybody has got
13 commitments. I mean, obviously, this is an important
14 case to everyone, but it's not the only one we've got.

15 MR. PENNEBAKER: Yes, Your Honor.

16 MR. KNUTSON: Your Honor, I was just told
17 by one of the agents that, for what it's worth, they have
18 a mandatory training on the 20th through the 23rd. Just
19 wanted to make you aware of that.

20 THE COURT: Is this the agent that's going
21 to testify?

22 MR. KNUTSON: Yes, Your Honor.

23 THE COURT: How long is his testimony
24 going to be?

25 MR. KNUTSON: I would anticipate an hour

1 to an hour and a half for us. But I think he would have
2 said that about his last witness. But I think it's going
3 be shorter than Ms. Pickering.

4 THE COURT: I would hope so.

5 MR. KNUTSON: Yes.

6 THE COURT: But --

7 MR. PENNEBAKER: Judge, another
8 possibility is, I think Mr. Ferguson works, has an office
9 in Memphis. Is that correct?

10 MR. FERGUSON: Correct.

11 MR. PENNEBAKER: So if you have -- if
12 you're going to be in Memphis kind of until the end of
13 the day, we could get in some time --

14 THE COURT: Well --

15 MR. FERGUSON: I need time to read.

16 THE COURT: The problem I've got tomorrow
17 is that I don't have how long the hearing -- I would
18 suspect it's going to last two or three hours. It is
19 starting at 2:00. And I have a commitment at 5:30. So I
20 can't stay past the time I put this particular...

21 If we want to take a shot at the agent in
22 terms of his testimony, we can try to do some. But, of
23 course, the problem is is that we're going to 6:00 or
24 after, then he's got to examine this witness too.

25 And after the 20th, I'm going to be out

1 from the 21st through the 30th, gentlemen. I'm sorry.
2 That's -- I've got a planned vacation that I would play
3 havoc with my family if I wasn't there.

4 MR. PENNEBAKER: Your Honor, I think which
5 may be able to -- do you mind if I confer with...

6 THE COURT: Sure. Go ahead.

7 (ATTORNEY/ATTORNEY CONFERENCE.)

8 MR. PENNEBAKER: We've talked to the
9 agents and actually the other witness that works for TBI
10 as a nurse that works for them. And she's telling us
11 that they can make the 20th work, if that's the best day
12 for the Court.

13 THE COURT: Mr. Ferguson.

14 MR. FERGUSON: That's the best day for me.
15 I would appreciate it. I'm supposed to start a trial,
16 white collar trial that week. It's going on Monday. But
17 I think I can get the Judge to push it back. If not...

18 THE COURT: Is that a case in Memphis?

19 MR. FERGUSON: It is. This individual is
20 out of custody. It's all -- so I don't have, I don't
21 think I have any problem with the Judge.

22 If I did, I have associates that can start
23 the process of voir dire. That won't be a problem. I'll
24 make it work. I appreciate the time.

25 THE COURT: Okay. Well, we can start 9:00

1 or 9:30 on Monday morning. That's the best I can do.

2 I expect this case, the hearing to be
3 finished certainly by, before the end of the day. It has
4 to be. I mean, if you can do it, I'll give you that
5 time.

6 MR. PENNEBAKER: Yes, Judge.

7 THE COURT: I'm sorry. I just -- it's
8 unfortunate. But I think that's the best we can do.

9 What time do you want to start?

10 MR. FERGUSON: 9:00 o'clock.

11 MR. PENNEBAKER: Works for the government,
12 Your Honor.

13 THE COURT: Be here at 9:00 o'clock.

14 Is there anything else that, anything else
15 you want to submit to me to look at, that I need look at?

16 MR. PENNEBAKER: Judge --

17 THE COURT: I'll --

18 MR. PENNEBAKER: -- I think -- there is
19 nothing that we would submit now. There is a lot to
20 digest in the medical board records.

21 One thing that I would suggest, given that
22 we are going to be unable to conclude today, is that the
23 government would ask that pending the next hearing date,
24 that the -- that Jeff Young not be allowed to practice
25 medicine, at least not to prescribe controlled substances

1 of any sort at all.

2 And the government would just rest on,
3 we've shown by clear and convincing evidence, just with
4 what exists in the text messages, what exists in the
5 current allegations, this man should not be -- he should
6 not be practicing medicine, but certainly prescribing
7 controlled substances.

8 And I'll just -- because, hopefully, if
9 you will indulge me. I would proffer to you that one of
10 the witnesses that we're going to put on will be
11 testifying about what the controlled substance monitoring
12 database shows about Mr. Young's prescribing today.

13 And what it shows is that he is continuing
14 to prescribe controlled substances, including
15 benzodiazepines, to patients even that were receiving
16 powerful opioids from him at PreventaGenix, his practice
17 in connection with all the medical board stuff.

18 And the CSMD footprint that we were just
19 talking about reflects that he is not checking the CSMD
20 to see if his patients are doctor shopping.

21 THE COURT: Is that reflect -- I mean,
22 that can be verified by going into that system to see who
23 has --

24 MR. PENNEBAKER: That can be verified by
25 going into that system.

1 And we have pulled the footprint and
2 determined, for example, that after Mr. Young was
3 arrested and initially arraigned and we had the first
4 hearing, there are four entries for controlled substances
5 in the CSMD database.

6 One of those is a patient who, for whom
7 there had not been any log-ins by Mr. Young to check the
8 CSMD. And for who doing so would have revealed this
9 patient is getting prescriptions for the balance of the
10 cocktail, the holy trinity, at least as far as
11 Hydrocodone from multiple doctors. And Mr. Young didn't
12 even check the CSMD database to see whether or not this
13 person was getting pills from somebody else.

14 And it's just again and again and again.
15 The man is a danger with the ability to write addictive
16 and harmful drugs.

17 And granted, they've met their burden of
18 production to put the government to its burden of
19 persuasion on whether or not detention is appropriate.
20 The presumption still matters.

21 The man has been indicted by a Grand Jury
22 for being a drug dealer. And we are leaving him, if we
23 leave him able to prescribe controlled substances, and I
24 would argue practice medicine at all, with the mechanism
25 that he uses to do the things that he's accused of in the

1 indictment, including allegations that have been
2 documented in the records that we have seen today.

3 THE COURT: When was the last occasion
4 when this occurred?

5 MR. PENNEBAKER: This was on April 20th, I
6 believe, was the occasion when the person who is the,
7 getting Hydrocodone from other providers, filled a Jeff
8 Young prescription that is reflected at least in the CSMD
9 to have been written by him on the 20th of April.

10 That's April 20th, Your Honor. He was
11 arraigned on the 17th.

12 So, you know, it's just a -- like so much
13 here, it just defies reason. Why do we still have
14 someone who -- he's out on unsecured bond. He's able to
15 practice medicine. He's sheltering --

16 THE COURT: Well, I mean, bond was set --
17 we're not getting into that today.

18 MR. PENNEBAKER: Yes, Your Honor.

19 THE COURT: But if there is some
20 indication, Mr. Ferguson, that your client is not
21 coordinating a prescription he's giving to X with
22 something that someone else is giving -- I'm not saying
23 he's giving it, but someone else is giving it, which
24 together becomes an extremely potentially deadly
25 combination, that is very concerning to the Court.

1 MR. FERGUSON: And if that were what had
2 happened I would share the Court's concern. But we're
3 not -- we've got several things going on.

4 First, we have the witness who has not
5 been cross-examined. The government is asking you to
6 take steps to make decisions today based on
7 unsubstantiated testimony. It's not considered --
8 cross-examination is the crucible of truth, as they say.

9 THE COURT: Well --

10 MR. FERGUSON: Second is, he's -- our
11 witnesses are here to testify to that. He literally has
12 prescribed four, four prescriptions since he was granted
13 release on this case. He's -- the one they're talking
14 about is a pain management patient. The prescriptions
15 are appropriate.

16 He has to turn in his prescriptions every
17 90 days. He has to submit that to the Board of Nursing.
18 He's done that twice as of May 7th. So they are
19 reviewing and keeping up with his prescription habits.

20 The fact he's prescribed four
21 prescriptions since he was released on this indicates
22 that he's not willy nilly writing prescriptions. He's
23 very limited in his practice. He's being very careful in
24 how he handles that, because he doesn't want to come into
25 a situation where there can be any allegations that he's

1 doing something inappropriate.

2 And that's -- right now we don't have any
3 proof of anything.

4 He is fully compliant with the order from
5 the Board of Nursing that was put down to protect the
6 public.

7 MR. PENNEBAKER: Your Honor, I'm just
8 getting another note that -- and by the way,
9 cross-examination being the crucible of truth, sure.

10 But the Rules of Evidence and ordinary
11 examination do not apply in these hearings. And part of
12 the reason for that is the urgency of something like a
13 doctor shopper, a pain management patient, or whatever it
14 is -- and by the way, if Young is not checking the CSMD,
15 he's taking a pain management patient's word for it that
16 he's not doctor shopping.

17 He's taking the other provider, who may be
18 writing the Hydrocodone, that person's word for it and
19 maybe that person is -- it's just, it's reckless.

20 MR. FERGUSON: It's a patient he's treated
21 for seven years.

22 THE COURT: That still doesn't negate the
23 requirement.

24 MR. FERGUSON: That means he knows the
25 person's history.

1 THE COURT: Well, he's taking -- to going
2 into that program, or whatever that is, that repository
3 of other potential medications that this person, whoever
4 that person is, I'm not asking who it is or, you know,
5 the relationship he had with that person, but if that
6 individual is also going to another physician and getting
7 something else that with a combination is dangerous, then
8 that's --

9 MR. FERGUSON: But it's not --

10 THE COURT: -- that's problematic to me.

11 MR. FERGUSON: But it's not illegal.
12 That's the problem. What the government is trying to
13 allege is that somehow it's illegal. If, if, and we
14 don't know yet, but if, it's not illegal. It's not a
15 crime.

16 THE COURT: Could be negligence.

17 MR. FERGUSON: In fact, Your Honor, from
18 the CSMD, from the website itself, it says, reading --
19 pass me...

20 (ATTORNEY/ATTORNEY CONFERENCE.)

21 MR. FERGUSON: Yeah. Doesn't even -- it
22 says, the -- it's not mandatory -- you may know the
23 patient's status, but is encouraged to ensure his --

24 THE COURT: Hold on. Slow down.

25 THE COURT REPORTER: Come up here.

1 THE COURT: Come up here to the podium and
2 speak into that so we can hear what you are saying.

3 MR. FERGUSON: Reading the clinical notes
4 of patients is not mandatory -- this is talking about the
5 CSMD -- since you may know the patient's status, which is
6 what we have here, but is encouraged to ensure these
7 particularly adverse patients are reviewed for potential
8 risk, especially if they have not visited your practice
9 recently, which is what we don't have here.

10 There is not any prescribed action on your
11 part. These notifications are informational in nature
12 and the prescription data may need to be investigated
13 further to justify any actions.

14 That's from the CSMD's own clinical
15 notification response to Mr. Young.

16 MR. PENNEBAKER: Your Honor, I would also
17 note, because this sounds -- it's just -- I think the
18 indictment speaks for what -- this patient that Mr. Young
19 has known for seven years. Okay. That's back into the
20 Rock Doc era. Right?

21 So this patient was being treated by the
22 Rock Doc when he was sexing it up and all the things that
23 the Court heard about and, you know, was cultivating this
24 image and everything else.

25 This person is a -- if I'm thinking of the

1 right person, this person is an addict who would be on
2 Suboxone, which is a drug for the treatment of
3 addictions. And then would drop off of Suboxone. And go
4 in to see his buddy Jeff. And would get prescribed a
5 litany of powerful narcotics. Then he would go back on
6 Suboxone, and back and forth.

7 And then the -- now it's that he's got a
8 long term relationship with this patient. And by the
9 way, the other thing that just defies reasons is, why is
10 Jeff Young, a nurse practitioner with no psychological
11 specialization, no psychology, no psychiatry
12 specialization, why is he prescribing benzodiazepines?
13 That's the number one drug that he wrote. Part of the
14 holy trinity. Why is he doing that?

15 Why did the board allow him to keep that
16 privilege? Because that is not just, hey, the government
17 has approached Jeff Young on the street and said, I don't
18 like that you're prescribing this guy that's also getting
19 Suboxone from a doctor, or an opiate -- even if I've got
20 the wrong patient. That is not what this is.

21 This is a Jeff Young, the indicted drug
22 dealer, among other things, for doling out the trinity in
23 ways that harmed pregnant mothers, harmed the city of
24 Jackson. It's abysmally, abysmally, as the evidence at
25 trial is going to show, just reckless and -- his practice

1 was a drug dealer. He partied with his patients. This
2 is man who has shown --

3 THE COURT: Okay.

4 MR. PENNEBAKER: -- demonstrated that he
5 can't --

6 THE COURT: I'm sure I'll hear that at
7 trial. I'm sure I'll hear that at trial.

8 MR. FERGUSON: Here's the problem again
9 with what the government says. They haven't read the
10 label on Hydrocodone. They keep saying he prescribed it
11 to pregnant women.

12 He's, in fact, indicted for -- prescribing
13 it to pregnant women. And it's perfectly legal to do it.
14 In fact, the black box label on the drug says, if you
15 have to prescribe it to pregnant women, be aware of the
16 fetal withdrawal syndrome. And get with the OB-GYNs and
17 have them prepared and ready for it if that is necessary.

18 It's best not to prescribe it. But if you
19 have to, here's the risk. You eliminate it. You
20 mitigate it by getting a high risk OB on board. And then
21 it's perfectly fine.

22 There is nothing in the law that says it
23 is illegal to prescribe drugs to pregnant women.

24 Now the other thing is, the patient we're
25 talking about is a COPD patient.

1 However, I would say to the Court, if the
2 Court is concerned about this one patient, the simplest
3 way to handle it is that Mr. Young won't have any further
4 contact with him until after the 20th. If that's what
5 the concern is, the four prescriptions he's written in --
6 (ATTORNEY/CLIENT CONFERENCE.)

7 MR. FERGUSON: And, of course, our
8 psychiatry specialist is here to testify as to the reason
9 why he's prescribing these medications, be part of our
10 proof.

11 So again, the government doesn't have the
12 full picture of what is going on because that weren't
13 inside his practice.

14 THE COURT: What about restricting him on
15 this individual that you indicated is a drug addict?

16 MR. PENNEBAKER: Your Honor, I just --

17 THE COURT: I'm asking you, sir. What
18 about that?

19 MR. PENNEBAKER: I mean, I don't think --
20 I think that would be woefully inadequate to protect the
21 public. If his practice is mostly cosmetic, as he claims
22 now, why does he need to be prescribing benzodiazepines,
23 that's part of the trinity, to patients at all?

24 I don't understand that. I don't think
25 it's safe.

1 MR. FERGUSON: Even prescribing the
2 trinity is not illegal. It's highly frowned upon, but
3 not illegal. And he's not doing it. That's what our --
4 he's not doing it.

5 They keep saying he's prescribing a part
6 of. He's not prescribing the trinity.

7 THE COURT: Well --

8 MR. PENNEBAKER: It's not --

9 THE COURT: Well, it's done in conjunction
10 with somebody else prescribing the other parts of it, it
11 becomes a problem.

12 MR. FERGUSON: And that would be proof
13 that we haven't seen yet. And I don't believe that is
14 the proof.

15 THE COURT: All right. What I'm going to
16 do is I'm going to restrict him on that person that we
17 were talking about. So he knows that. Nothing between
18 now and next Monday.

19 MR. FERGUSON: All right. We'll let the
20 patient know in case he needs...

21 THE COURT: And, and if I hear of any
22 indication from the government or anyone else that he's
23 doing anything in contrary to that or that he's
24 prescribing things that don't need to be, he'll be locked
25 up.

1 MR. FERGUSON: Absolutely. And we would
2 expect no less.

3 THE COURT: As well, I don't want to be
4 having him or any of his -- he can tell all his folks, no
5 contact with any of these people that we've been talking
6 about. Because I'm not going to have any kind of
7 retaliation or any kind of indication of someone who is
8 going to try to put these people in fear of coming forth.

9 If I hear of anything again about that,
10 that's going to be another issue we're going to take up.

11 MR. FERGUSON: Your Honor, you will not
12 hear of anything from us. I do notice there were members
13 of the press here. And unfortunately this always gets
14 written up. And that will start the Topics, which is a
15 website here in town.

16 We will not have anything to do with it,
17 will not be on it, will be posting nothing on social
18 media, will be a full black out.

19 THE COURT: None whatsoever.

20 MR. FERGUSON: And that includes not
21 advertising the business until after the 20th. Not on
22 line --

23 (ATTORNEY/CLIENT CONFERENCE.)

24 THE COURT: Stay off line. Just stay off
25 line.

1 MR. FERGUSON: I would be more comfortable
2 with that. And I will explain to Mr. Young why. I just
3 don't want that to be a source of contention between us
4 and the --

5 THE COURT: All right. Otherwise, we'll
6 be in adjournment. And we will be back at 9:00 on the
7 20th. Is that right, the 20th?

8 THE CLERK: Yes, sir.

9 THE COURT: We will be back in session
10 then. We will be in adjournment, please.

11 (End of Proceedings.)

12 (End of Requested Material.)

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1 I, Kristi Heasley, do hereby certify that the
2 foregoing 157 pages are, to the best of my knowledge,
3 skill and ability, a true and accurate redacted
4 transcript from my stenotype notes in the matter of:
5 UNITED STATES OF AMERICA

6 VS)
7)NO.1:19-cr-10040
8)JACKSON, TENNESSEE
9)
10 JEFFREY YOUNG)

11 Dated this 6th day of August, 2019.
12
13

14 -----
15 Kristi Heasley, RPR
16 Official Court Reporter
17 United States District Court
18 Western District of Tennessee
19 Eastern Division
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